S. No. 300
M—10-47
5-17-39
I 3906

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 12 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 19601

Registrar's No. 2687

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
37th and Mercier, K.C. Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3827 Roamoke Rd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

48
3
8
0

3. (a) PRINT FULL NAME KENNETH MARK MOTT

3. (b) If veteran, name war W.W. 11

3. (c) Social Security No. unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ernestine Mott

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased December (Month) 4 (Day) 1907 (Year)

8. AGE: Years 40 Months 6 Days ~~20~~ 22 If less than one day ..... hr. ..... min.

9. Birthplace San Luis Obispo (City, town, or county) California (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business Tranin Egg Products Co.

FATHER
12. Name Stephen Mott
13. Birthplace (unknown) (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Sarah (unknown)
15. Birthplace (unknown) (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Ernestine Mott
(b) Address 3827 Roanoke Rd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ft. Leavenworth Nat'l Cemetery

18. (a) Signature of funeral director Geo. H. Long
(b) Address 703 North 10th St.

19. (a) 6-28-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 26
year 1948 hour 3 55 minute P M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary sclerosis	
Due to arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 938
Of autopsy no
History + Inspection

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature James Walker (M. D. ~~or other~~) Coroner
Address 1424 Jeff Bldg Date signed 6-27-48

(Licensed Embalmer's Statement on Reverse Side)

JUL 22 1948

JUL 2 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Chas. H. Rider

Licensed Embalmer No. 3404

P. O. Address 703 N. 10th Ck

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.