

No. 300  
-10-47  
-17-39  
1948

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED DEC 11 1948

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36810  
4803  
Registrar's No.

Registration District No. 147

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 1412 Kensington  
(d) Length of stay: In-hospital or institution 5 Years  
In this community 5 Years

3: (a) PRINT FULL NAME Mollie Posey  
3: (b) If veteran, name war No  
3: (c) Social Security No. No  
4. Sex Female  
5. Color or race Negro  
6: (a) Single, widowed, married, divorced Married  
6: (b) Name of husband or wife John Posey  
6: (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased October 13, 1888

8. AGE: Years 60 Months 1 Days 11  
If less than one day hr. min.

9. Birthplace Middle, Tennessee  
10. Usual occupation Housewife

11. Industry or business  
12. Name John Shepard  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

16: (a) Informant Jesse Posey  
(b) Address 2404 E. 14th St.

17: (a) Removal (b) Date thereof 11/26/48  
(c) Place: burial or cremation Muskogee, Oklahoma

18: (a) Signature of funeral director  
(b) Address 1729 Oxford Ave.

19: (a) 11-24-48 (b) A. L. Holmer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 1412 Kensington  
(e) Citizen of foreign country? No  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 24  
year 1948 hour 6 minute 56 P.M.  
21. I hereby certify that I attended the deceased from NOV 23 1948 to NOV 24 1948  
that I last saw him alive on NOV 24 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease  
Due to Pulmonary Tuberculosis  
Other conditions Tuberculosis  
Major findings: Of operations 13/8  
Of autopsy

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury  
23. Signature L. V. Miller  
Address 1203 Pacific Date signed 11/29/48

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**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

*Jerome Manlove*

Licensed Embalmer No.

*3994*

P. O. Address.

*2503 Highland*

**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.**