

FILED JAN 8 1949

Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

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: **K.E.T.B. Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 mo - 19 days**  
(Specify whether  
In this community **unknown**  
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. **unknown**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Moad, John T**

3. (b) If veteran, name war **no**  
3. (c) Social Security No. **unknown**

4. Sex **M**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **divorced**  
6. (b) Name of husband or wife **unknown**  
6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **May 21 1880**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **7** Days **4**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **MARION CO, ARKANSAS**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business \_\_\_\_\_

12. Name **Moad, Sam**  
13. Birthplace **MO**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Chandler Alice**  
15. Birthplace **POLK CO, MO**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Cecil Haney**  
(b) Address **Kansas City, Mo.**

17. (a) **removal** (b) Date thereof **12-25-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Buffalo Mo**

18. (a) Signature of funeral director **Urban + Rich**  
(b) Address **Urban + Rich**

19. (a) **12-25-48** (b) **Sheraldine Holmes**  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **Dec** day **25**  
year **1948** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Sept.**  
**1948** to **Dec. 25**, 19 **48**  
that I last saw him alive on **Dec. 25**, 19 **48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **F. adv. Tuberculosis pulmonary**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) **3.5**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 plant, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury **G. K. Landis**  
23. Signature **G. K. Landis** (M. D. sealer)  
Address **K.C. Sbc. Hosp.** Date signed \_\_\_\_\_

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

MOTHER, FATHER

**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. E. Wilks

Licensed Embalmer No. 2644

P. O. Address Kansas City

**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.**