

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11236

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5113</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Dansons City</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>1305 Troost Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Red Hosp No. 2</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>11-29-49</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julius</u>		b. (Middle) _____		c. (Last) <u>Mosley</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>Black Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 4, 1925</u>		9. AGE (In years last birthday) <u>23 yrs</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>A. B. Porter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Santa Fe</u>		11. BIRTHPLACE (State or foreign country) <u>Jefferson City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Julius Mosley</u>		13b. MOTHER'S MAIDEN NAME <u>Patricia Burack</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Mosley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Navy WMA 487-82-2775</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Patricia Mosley</u> ADDRESS <u>613 Lindbergh</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Blister wound of</u>		ANTECEDENT CAUSES (b) <u>Cholera</u>				DUE TO (c) <u>hemorrhage</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide on street</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-29-49-10:05 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>shot by police officer</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <input checked="" type="checkbox"/> alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Thos. A. O'Ggs</u> (Degree or title) <u>City Coroner</u>				23b. ADDRESS <u>1612 E 12th</u>		23c. DATE SIGNED <u>12/1/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburied</u>		24b. DATE <u>Dec. 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cem</u>		24d. LOCATION (City, town, or county) (State) <u>JEFFERSON CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>12-2-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ch. Davis</u> ADDRESS <u>1513 Troost</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 20 1956

APR 18 1956

NOV 21 1950

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.....

Student Embalmer No. ....

working under my personal supervision.

Signed *E. C. Davis*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4417*

P. O. Address *H. C. Mo.*

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.