

FILED APR 28 1951 STANDARD CERTIFICATE OF DEATH

State File No. 12713  
 Registrar's No. 1541

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

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 township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>3217 Cleveland Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mallotte Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gertrude</u> b. (Middle) <u>S.</u> c. (Last) <u>Moser</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 7-51</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>Nov. 21-1880</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>70 yrs.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of life, or as if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT home</u>	11. BIRTHPLACE (State or foreign country) <u>Mason City, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u> U. S.

13a. FATHER'S NAME <u>Lafayette Swing</u>		13b. MOTHER'S MAIDEN NAME <u>Olive A. Lamroux</u>	14. NAME OF HUSBAND OR WIFE <u>Alvin Moser</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Donald D. Porter-2000 E. 43rd</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arterio Sclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <u>Gen Arteries</u>			<u>3 yrs</u>
		DUE TO (c) <u>Terminal Bronchus Pneumonia</u>			<u>3 wks</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thrombo phlebitis left leg</u>			<u>3 wks</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331K</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 3-10, 1951, to 4-7, 1951, that I last saw the deceased alive on 4-7, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leo M. Mullens</u> (Degree or title)		23b. ADDRESS <u>3548 Indiana</u>	23c. DATE SIGNED <u>4-9-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4/9/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>4-9-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gates Funeral Home-Kansas City-Kans</u>		
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Beat Mr. Mullom  
Office 3548 Indiana  
at 9:00 Monday  
Lj 5411

1023

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Jimmy Shephard*

Licensed Embalmer No. 4092

Signed.....

Student Embalmer

P. O. Address Mission, Kansas

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.