

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5559

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u> |  | c. CITY OR TOWN <u>Kansas City</u>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place)<br><u>52 yrs</u>   |  | e. STREET ADDRESS (If rural, give location)<br><u>119 1021 Linwood 3490</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Menorah</u>                                    |  |  |  |

|   |                           |  |   |
|---|---------------------------|--|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Morris</u> b. (Middle) <u>Moss</u> c. (Last) <u>Moss</u>           |                           | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>12 - 1 - 54</u>              |   |
| 5. SEX <u>M</u>   | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>12-22-85</u>                                   |
| 9. AGE (In years last birthday) <u>68</u>   |                           | # UNDER 1 YEAR Months <u>0</u> Days <u>0</u>                             | # OVER 1 YEAR Hours <u>0</u> Min. <u>0</u>                            |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Tailor 227 E 10th</u> |                           | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Russia 6</u> |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |                           |  |   |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME<br><u>Unknown</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>Ray</u>                                    |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |  | 16. SOCIAL SECURITY NO.<br><u>Unknown</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Dr. Paul Moss 420 E 64th</u> |  |

|   |  |  |  |                                  |  |
|---|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  |  | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PANCREAS, CARCINOMATOSIS</u>   |  | <u>15 1/2 hr</u>                 |  |
|   |  | ANTECEDENT CAUSES  |  |                                  |  |
|   |  | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |  |
| II. OTHER SIGNIFICANT CONDITIONS <u>Rectum CARCINOMA, ENTIRELY SEPARATE FROM ABOVE, REMOVED JUNE 1954</u>                                     |  | Conditions contributing to the death but not related to the disease or condition causing death.  |  |                                  |  |

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION<br><u>Nov 2, 1954</u>           |  | 19b. MAJOR FINDINGS OF OPERATION LAST SURGERY 1 MO. AGO REVEALED<br><u>PANCREATIC CARCINOMATOSIS</u>   |  | 20. AUTOPSY? YES <input checked="" 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) (Min.) |  | 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 May, 1954, to Dec 1, 1954, that I last saw the deceased alive on Nov 30, 1954, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

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|--|--|---|--|------------------------------------|--|
| 23. SIGNATURE <u>George O. Miles</u> (Degree or title) |  | 23b. ADDRESS<br><u>411 Nichols Rd. Kansas City, Mo.</u> |  | 23c. DATE SIGNED<br><u>12-2-54</u> |  |
|--|--|---|--|------------------------------------|--|

|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> |  | 24b. DATE<br><u>12-2-54</u>                   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Sheffield</u>      |  | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Mo.</u> |  |
| DATE REC'D BY LOCAL REG.<br><u>12-3-54</u>                 |  | REGISTRAR'S SIGNATURE<br><u>Neva Marshall</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Louis Fun'l Home</u> |  | ADDRESS<br><u>K.C. Mo.</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *A. L. Louis* .....

Licensed Embalmer No. *310*

P. O. Address *A. C. W.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.