

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 12 1940

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson,**
(b) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Luke's Hospital,** /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **X**
In this community **Unknown,** (Specify whether 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. **501 West 10th St.,**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **X** years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Mrs. Maude B. Moore, 650**

20. DATE OF DEATH: Month **December,** day **7,**
year **1939** hour **12:00 Noon** minute **P** M.

3. (b) If veteran, names war **X** 3. (c) Social Security No. **X**

21. I hereby certify that I attended the deceased from **Dec. 7**, 19**39**, to **Dec 7**, 19**39**,
that I last saw h.e. alive on **Dec 7**, 19**39**, and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married,**
6. (b) Name of husband or wife **Young Moore,** 6. (c) Age of husband or wife if alive **X** years
7. Birth date of deceased **November 23, 1882.**
(Month) (Day) (Year)

Immediate cause of death **Purulent Rt Side** Duration **4 da**
Septo Meningitis and
Cerebral Lateral Sinus Thrombosis
Due to **Prostate**
Infected Organ following
Due to **Structure wound** **1 WK.**

8. AGE: Years Months Days If less than one day
57 **14** hr. min.

Other conditions **None** **8200**
(Include pregnancy within 3 months of death)

9. Birthplace **Tennessee,**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **X**

MOTHER FATHER { 12. Name **John Winingham,**

13. Birthplace **Tennessee,**
(City, town, or county) (State or foreign country)

14. Maiden name **Eliza Strawn,**

15. Birthplace **Tennessee,**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Young Moore,**

(b) Address **Jarboe Hotel, Kansas City, Mo.**

17. (a) **Burial** (b) Date thereof **12-11-39.**
(Burial, cremation, or removal) **Memorial Park** (Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City, Mo.**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **Dec. 8, 1939** (b) **M. M. Corome**
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations

Of autopsy **above -**

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 place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **F. C. Lamar** (M. D. or other)

Address **624 Professional Bldg** Date signed **Dec 8-39**

Dr. Lemar

Propy. Block 1-30

624

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

J. B. Waters

Licensed Embalmer No. *3992*

P. O. Address.....

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, above space should be left blank.