S.S.No. unknown-if any

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18175
Do not use this space.

1. PLACE OF DEATH

(a) County: Clay — Registration District No.: 198

(b) Township: Fishing River — Primary Registration District No.: 3011 — Registered No.: 82

(c) or City: Excelsior Springs, Mo. (d) Street No.: / Veterans Administration Facility St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. 18 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

600

2. PRINT FULL NAME Clarence Joseph Moore

(a) Residence, No. 1302½ East 18th, Kansas City, Mo. / St. Kansas City, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Margaret Turner Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	52	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Missouri 0

FATHER

13. NAME Joseph Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas, Texas 1

MOTHER

15. MAIDEN NAME Fannie Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Missouri 0

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Excelsior Springs Mo DATE May 20, 1940.

19. FUNERAL DIRECTOR (NAME) Claude Prichard (ADDRESS) Excelsior Springs, Mo. 180

20. FILED May 20, 1940 Mrs Rea McCracken Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1940, 19..., to May 18, 1940, 19... I last saw him alive on May 18, 1940, 19... Death is said to have occurred on the date stated above, at 12:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, broncho	
42	
Other contributory causes of importance:	
General Paralysis, tabatic type.	

Name of operation Spinal Puncture Date of 5-9-40

What test confirmed diagnosis? Examination and observation Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? --- Date of injury, 19...

Where did injury occur? --- (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ---

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? Unknown

If so, specify

(Signed) W. A. German, M. D.

(Address) W. A. GERMAN, M.D., Clinical Director VAF, Excelsior Springs, Mo. ~~(Veterans Administration Facility)~~

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-4-40

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

Robert Ray, Registered Apprentice No. 226

working under my personal supervision.

Signed Claude Friehauf

Licensed Embalmer No. 2757

P. O. Address Excelsior Springs Y

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.