

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27507**
3140
Registrar's No. _____

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3849 Charlotte
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution -- (Specify whether
In this community 5 Years
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. 3849 Charlotte
(If rural, give location)
(e) If foreign born, how long in U. S. A. -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th
year 1940 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 13th
1938 to August 3, 1940
that I last saw him alive on Aug 11th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Fractured Left Hip
Due to: Fall in his home
Due to: 1860
Other conditions: Senility (1-D)
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations: 3
Of autopsy: 3
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) accident
(b) Date of occurrence Aug 4, 1940
(c) Where did injury occur? Home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? 4 (Specify type of place) Fractured Hip
(e) Means of injury
23. Signature F. H. Matthews (M. D. or other)
Address Liberty Mo Date signed Aug 6/40

3. (a) PRINT FULL NAME Mrs. Mary E. Moore 600

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. E. A. Moore 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased July 31 1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 0 3 hr. min.

9. Birthplace Independence Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business --

12. Name Major W. P. Overton

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

14. Maiden name Mary Jane Wales

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

16. (a) Informant Mrs. Edmund H. Pech

(b) Address 3849 Charlotte St

17. (a) Burial (b) Date thereof Aug. 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director D. A. Prescomer

(b) Address 1401 Brush Creek Blvd

19. (a) Aug. 6, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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

15 E. Hancock
Joliet, Mo.
9-6

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 Kenneth Page Sipp
Licensed Embalmer No. 4125
P. O. Address 1309 Brush Creek Rd. 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, above space should be left blank.