

**FILED OCT 11 1940**

Registration District No. **399**

Primary Registration District No. **1002**

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

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: Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days (Specify whether  
In this community Unknown  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Velma Moore

3. (b) If veteran, name war No. 8. (c) Social Security No. No.

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

6. (b) Name of husband or wife John A. Moore 6. (c) Age of husband or wife if alive dec years

7. Birth date of deceased Jan. 1, 1873  
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 8 If less than one day  
hr. min.

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

10. Usual occupation

11. Industry or business Home

12. Name John J. Moore

18. Birthplace Mo. (City, town, or county) (State or foreign country)

14. Maiden name Margaret Bryant

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

16. (a) Informant John A. Moore, Jr.

(b) Address 1003 Romany Road, Kansas City, Mo.

17. (a) Burial (b) Date thereof 9-10-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClura

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

19. (a) Sept. 9, 1940 (Date received local registrar) M. M. Crowe (Registrar's signature)

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. Woodlea Hotel  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? no. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9th  
year 1940 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from Oct, 1939, to Sept 9, 1940;  
that I last saw her alive on Sept 8, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 9/5 Duration 4 da

Due to Hypertension & Sclerosis yrs. 413

Due to G.I. W

Other conditions (Include pregnancy within 3 months of death) Tuberc. Hosp Sept 5

Major findings: Of operations

Of autopsy

PHYSICIAN

gva

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) (2) Means of injury 1

23. Signature Robert J. ... (M. D. or other) \_\_\_\_\_  
Address 820 prof Bldg Date signed \_\_\_\_\_

*Davis*

Dr. R. C. ~~\_\_\_\_\_~~

*Prof. Bldg.*

*1 - 3 - 30*

**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.....

Licensed Embalmer No.....

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.**