No. 2
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34353

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 984

1. PLACE OF DEATH:

(a) County Buchanan,

(b) City or town Saint Joseph, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2522 Lafayette Street, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 49 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

(c) City or town Saint Joseph, (If outside city or town limits, write "RURAL")

(d) Street No. 2522 Lafayette Street, (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Martha Pearson Moore,

3. (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 Ira M. Moore,

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 27, 1849 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
92	7	14	hr. min.

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

10. Usual occupation At Home,

11. Industry or business

FATHER
12. Name Robert Pearson,
13. Birthplace Unknown, Kentucky, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Belcher,
15. Birthplace Unknown, Virginia, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs F. L. Endebrock

(b) Address 2522 Lafayette Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/41 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery,

18. (a) Signature of funeral director Heaton-Bethala & Bowman Funeral

(b) Address 319 So. 10th. Street, Home

19. (a) Oct. 13, 1941 (Date received local registrar) (b) H. J. Mestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11th. year 1941 hour 5:00 minute 15p M.

21. I hereby certify that I attended the deceased from October 6, 1941, to Oct. 11, 1941; that I last saw her alive on Oct. 11, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arterio Sclerosis	3 years
Due to —	
Due to —	

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Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations no operation

Of autopsy no autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Gordon D. Wright MD (M. D. or other) MD

Address 845-5019, St. Joseph, Mo. Date signed 10/13/41

(Licensed Embalmer's Statement on Reverse Side)

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 10-11-

..... Registered Apprentice No.....

working under my personal supervision.

Signed Wm E. Simm

Licensed Embalmer No. 3007

P. O. Address 319 So. 10th St. Joseph

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

If this body is not embalmed, fact should be so stated above.