

FILED MAY 21 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1884

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:
5025 South Benton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -----
(Specify whether years, months or days)

In this community 1 Month

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. 5025 South Benton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME Mrs. Louisa V. Moore

MEDICAL CERTIFICATION

3. (b) If veteran, name war No

20. DATE OF DEATH: Month May day 13th
year 1942 hour 3 minute 50 P. M.

4. Sex Female

21. I hereby certify that I attended the deceased from 5/7/42 to 5/13/42
that I last saw him alive on 5/7 and that death occurred on the date and hour stated above.

5. Color or race White

Immediate cause of death malnutrition

6. (a) Single, widowed, married, divorced, Widowed

Due to of stomach

6. (b) Name of husband or wife Mr. Thomas Moore

Due to H6 B

7. Birth date of deceased: September 27 1861
(Month) (Day) (Year)

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 80 Months 7 Days 16
If less than one day ----- hr. ----- min.

Physician -----
Underline the cause to which death should be charged statistically.

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

10. Usual occupation At Home

11. Industry or business -----

12. Name Greenberry Summers

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. J. L. Moore

(b) Address 5025 South Benton

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof May 13th, 1942
(Month) (Day) (Year)

(c) Place: burial of Unionville, Missouri

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 James H. Crowe (M. D. or other) 0

Address 1814 Patton Ave Date signed 5/13/42

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

MOTHER FATHER

see license in case
Porter Berg

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 Emile M. Calhoun
Licensed Embalmer No. 3506
P. O. Address KC 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, fact should be so stated above.