

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**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Ralph Sanitarium, 529 Highland Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **11 days**
(Specify whether years, months or days)

In this community **10 years**

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. **Milner Hotel**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William H. Moore**

3. (b) If veteran, name war **World War**

3. (c) Social Security No. **496-03-7728**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Unknown**

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

7. Birth date of deceased **February 22 1889**
(Month) (Day) (Year)

8. AGE: Years **53** Months **2** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace **Ardmore Okla.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Manager**

11. Industry or business **Savoy Grill**

MOTHER FATHER { 12. Name **Unknown**

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 **William E. Moore**

(b) Address **1216 St. Louis Ave., Ft. Worth, Texas**

17. (a) **Burial** (b) Date thereof **5-4-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Mo.**

19. (a) **5-2-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **1st** year **1942** hour **One** minute **40** M.

21. I hereby certify that I attended the deceased from **April 20** 19**42** to **May 1** 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **Toxic Hepatitis**

Due to **Unknown Cause**

Due to **Bronchial Pneumonia**

Other conditions **Terminal**

(Include pregnancy within 3 months of death) **125 B**

PHYSICIAN

Major findings:
Of operations **Painful congestion of liver - pneumonia**
Of autopsy **Moderate jaundice**

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? _____

23. Signature **Ralph Emerson Duncan** (M. D. or other) **D**
Address **909 Arroyo** Date signed **5/1/42**

2017 TAB 100

William

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 *Clarence W. Chiles*.....

Licensed Embalmer No. *3473*.....

P. O. Address *26 E 7160*.....

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.