No. 2
—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36340

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4193

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:
3517 Bales Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --- (Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 3517 Bales Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Mr. Harry Clifford Moore

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Mrs. Mary K. Moore

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March (Month) 18 (Day) 1872 (Year)

8. AGE: Years 70 Months 7 Days 23 2 If less than one day hr. min.

9. Birthplace Bunceton (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Security Examiner - Retired

11. Industry or business R. F. C.

FATHER
12. Name Joseph Moore
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Lucinda Carum
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. MarymK. Moore
(b) Address 3517 Bales Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 11-10-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10th year 1942 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from Oct. 10, 1941, to Nov. 10, 1942; that I last saw him alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	2 days
Due to Angina Pectoris	10 years
Due to 94a	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of 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 John A. Lewis (M. D. or other) M.D.
Address 3548 Indiana Date signed 11-10-42

(Licensed Embalmer's Statement on Reverse Side)

3848 Indiana
2-3

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 J. Virgil Hemick

Licensed Embalmer No. 3599

P. O. Address Ft C 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.