

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40955

State File No. \_\_\_\_\_

FILED JAN 15 1943  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5575

Registrar's No. 53

1. PLACE OF DEATH:  
 48 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: 9027 Grand  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 48 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED: 48  
 (a) State Missouri (b) County Jackson  
 (c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
 (d) Street No. 9027 Grand (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Marjory L. Moore  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month November day 15th.  
 year 1942 hour 3 minute 50 P M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife John Y. Moore  
 6. (c) Age of husband or wife alive 72 years  
 7. Birth date of deceased March 29 1871  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 9/42  
 1972 to Nov 15 1942  
 that I last saw her alive on Nov 15 1942  
 and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 7 Days 16  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Paralysis Cerebral Hemorrhage  
 Due to High Blood Pressure  
 Due to \_\_\_\_\_

9. Birthplace Michigan  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Elizure W. Hopkins  
 13. Birthplace NY York  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Ellen Curley  
 15. Birthplace Ireland  
 (City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
830

16. (a) Informant Katherine Moore  
 (b) Address 9027 Grand  
 17. (a) Burial (b) Date thereof Nov 18 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Washington Cemetery  
Mrs. C.L. Forster  
 18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address Kansas City, Missouri  
 19. (a) Nov 18 1942 (Date received local registrar)  
Dr. Annia S. Hada (Registrar's signature)

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 W E Lewis (M. D. or other)  
 Address 4435 Harrison Date signed 11/17/42

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

