

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
FILED APR 21 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 17

Registration District No. 72

Primary Registration District No. 5289

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town North Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.R. # 5 / St. Luke's  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 15 years (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
(c) City or town North K.C.  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R. # 5  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN LEE MOORE

3. (b) If veteran, name war World War # I  
3. (c) Social Security No. 907-07-6232

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased Sept 27 1885  
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 11 If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace New Market Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Switchman

11. Industry or business C.B. & Q.

12. Name Joseph Moore

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

14. Maiden name Port Knov

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

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

(b) Address R.R. # 5 North K.C. Mo.

17. (a) Burial (b) Date thereof 3/11/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Liberty Mo.

18. (a) Name of funeral director John S. Morton Funeral Home

(b) Address North Kansas City Mo.

19. (a) Mar 9-1943 (b) Rush H. Henry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th  
year 1943 hour 8 minute A M.

21. I hereby certify that I attended the deceased from  
Mar 28 1943  
that I last saw him alive on D.O.A., 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 94

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 D. J. Pete (M, D, or other) MD

Address North Kansas City Mo.

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

24  
0  
0

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

APR 30 1943

Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-20-43

**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 Levon E. Hodges

Licensed Embalmer No. 2729

P. O. Address. North K.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.**