

FILED JUN 1943  
Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 2084

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution:  
1603 West 59th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no.  
In this community 2 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary B. Moore  
3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife J. S. Moore 6. (c) Age of husband or wife if alive dec. years  
7. Birth date of deceased April 11 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 0 22 23 hr. min.

9. Birthplace Alabama  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER  
12. Name Brantley  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Lattie Turner  
15. Birthplace Alabama  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. J. Griffith  
(b) Address 1603 W. 59th St., Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-4-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Oakwood, Texas

18. (a) Signature of funeral director Stine & McClure  
(b) Address 3235 Gillham Plaza, Kansas City Mo.

19. (a) 5-4-43 (Date received local registrar) (b) M. B. Brown (Registrar's signature)

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. 1603 West 59th Street  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 3rd  
year 1943 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 26 1943 to May 3 1943  
that I last saw her alive on May 3 1943  
and that death occurred on the date and hour stated above.

Duration  
Immediate cause of death Acute pulmonary embolism  
Due to chronic coronary heart disease  
Due to gla  
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

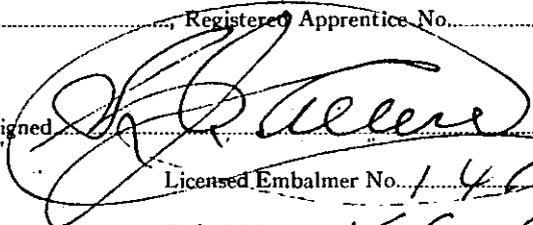
22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address [Address] Date signed [Date]

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**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 .....  
Licensed Embalmer No. 1405.....  
P. O. Address 1500 W. 100th St. S.W......

**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.**