

Registration District No. 100

Primary Registration District No. 100

Registrar's No.

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:
7519 Jefferson,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community 20 years, (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 5
(If outside city or town limits, write "RURAL") 0
(d) Street No. 7519 Jefferson,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country X 0

3. (a) PRINT FULL NAME Norman H. Moore,

3. (b) If veteran, name war no. 3. (c) Social Security No. 551-10-5679

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 24 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 0 24 hr. min.

9. Birthplace Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Auto Salesman

11. Industry or business X

12. Name Albert Moore, 1

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

14. Maiden name Millie Dotson

15. Birthplace West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Millie Moore,

(b) Address 7519 Jefferson St., Kansas City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-43
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-20-43 (b) V. E. Brown, Reg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18th
year 1943 hour 2:10 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 21 - 1943 to Sept 18, 1943
that I last saw him alive on Sept. 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio vascular disease

Due to Apoplexy, thrombosis

Due to 93d

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?

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature Tom G. Kelly (M. D. or other) MD

Address 807 Maple Bldg Date signed 1943

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

MOTHER FATHER

Dr. Terry Lilly

Argyle Bldg.

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.....

E. M. Plank

Licensed Embalmer No. *1848*

P. O. Address *T. 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.