

FILED FEB 10 1944  
149

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

1002

361

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Jackson  
 (a) County... Kansas City  
 (b) City or town... (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: General Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 70 Hrs.  
 In this community 70 Hrs. (Specify whether years, months or days)

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. 1316 Indiana (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No) 0  
 If yes, name country \_\_\_\_\_

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

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month January day 21  
 year 1944 hour minute M.

4. Sex Female 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: Jan 19, 1944 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
 Deputy Coroner  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death: Pulmonary Hemorrhage  
 Prematurity

8. AGE:	Years	Months	Days	If less than one day
	—	—	2	22 hr. min.

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

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

10. Usual occupation: Infant

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
 { 12. Name Leonard Moore  
 13. Birthplace Oklahoma (City, town, or county) (State or foreign country)  
 14. Maiden name Eula White  
 15. Birthplace Missouri (City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy: See above 159  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Eula Moore  
 (b) Address 1316 Indiana  
 17. (a) Burial (b) Date thereof 1-22-44 (Month) (Day) (Year)  
 (c) Place: burial or cremation Elmwood Cemetery  
 18. (a) Signature of funeral director: Earp Funeral Home  
 (b) Address Kansas City, Mo.  
 19. (a) Jan 22, 1944 (b) J. E. Brown (Date received local registrar) (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)  
 23. Signature: H. E. Walker (M. D. or other) M.D.  
 Address: 28 M. E. Co. Date signed: 1/22/44

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

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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.....

P. O. Address.....

**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.**