

2
1-43
7-39
K37823

FILED JUL 15 1944

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2755

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town JACKSON CITY MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5000 BELLEFONTAINE AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 20 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON MO.
(c) City or town JACKSON CITY MO.
(If outside city or town limits, write "RURAL")
(d) Street No. 5000 BELLEFONTAINE AVE.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME REV. DAVID WALKER MOORE

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife WIFE MARY I. MOORE 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased JULY 6 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 25
If less than one day hr. 1 min.

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

10. Usual occupation RETIRED - CHRISTIAN

11. Industry or business MINISTER

12. Name HABERT MOORE

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

14. Maiden name MARTHA MARTIN

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

16. (a) Informant MRS. MARY ISOM MOORE

(b) Address 5000 BELLEFONTAINE AVENUE

17. (a) REMOVAL (b) Date thereof JULY 2 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CARTHAGE MO

18. (a) Signature of funeral director Dr. Newcomer

(b) Address 1401 Brush Creek Rd Mo

19. (a) 9-1-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 1 51
year 1944 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 28 1944 to July 1 1944;
that I last saw him alive on June 30 1944
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction

Due to Chronic Coroid Vasculature Disease 15 years

Due to Senility

Other conditions 930
(Include pregnancy within 3 months of death)

Major findings:
Of operations 0
Of autopsy 0
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) C

(b) Date of occurrence —

(c) Where did injury occur? C
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? C

While at work? C (Specify type of place) (e) Means of injury C

23. Signature Plunket (M. D. or other)

Address 1237 Imperial Pl Date signed 7/2/44

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

MOTHER FATHER

19002811

St. Joseph Hospital

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. W. [Signature]*
Licensed Embalmer No. 1767
P. O. Address Kansas City

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.