

FILED FEB 15 1945

Registration District No. 722

Primary Registration District No. 1000

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Buchanan.
(b) City or town St. Joseph Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 6 Years. (Specify whether years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Buchanan.
(c) City or town St. Joseph.
(If outside city or town limits, write "RURAL")
(d) Street No. 2620 Francis St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Thomas Moore.

3. (b) If veteran, name war none 3. (c) Social Security No. 223-01-9085

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

6. (b) Name of husband or wife Dorothy Moore. 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased. Jan 12 1909
(Month) (Day) (Year)

8. AGE: Years 36 Months 37 Days 0 16 hr. _____ min. If less than one day

9. Birthplace New York City. / New York.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman.

11. Industry of business Barton Mfg Co.
Name of business Frederick W. Moore.

12. (a) Birthplace New York City New York.
(City, town, or county) (State or foreign country)

13. (b) Maternal name Josephine Lyman.
Birthplace New York City New York.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dorothy Moore.
Address 2620 Francis Street.

17. (a) Burial (b) Date thereof Jan. 30, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery (Troy Kan.)

18. (a) Signature of funeral director Norman W. Sidenfader.
(b) Address 1802 Union St. St. Joseph Mo.

19. (a) 1-30-45 (b) Robert P. Gieble
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day January
year 1945 hour 6: minute 20 A.M.

21. I hereby certify that I attended the deceased from 6-26-44
to 1-28 1945
that I last saw him alive on January 28th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage
Duration 6 hours.

Due to possible gastric disorder
Due to no X-ray taken.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1/18/45
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) (e) Means of injury 0

23. Signature Wm. J. ... Date signed 1/29/45
Address Kerkpatrick

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

MOTHER FATHER
Carey of ...

10 37046 14

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 *Keith Collier*

Licensed Embalmer No. *3632*

P. O. Address *St Joseph*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri ss.
County of Buchanan

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 102

On this 4th day of April, 1945, before me appears Frederick W. Moore, who, upon his oath, states that the original record of ~~death~~ for William Thomas Moore, died Jan 28th, 1945 in the State of Missouri, and which was filed at City of Cooper on 1-30, 1945, should be corrected as follows:

Item No. should read

Instead of

Item No. 7 should read Jan 12- 1909.

Instead of Jan 12- 1908

Item No. should read

Instead of

Item No. 8 should read 36 years, 0 Mos, 16 Days

Instead of 37 " " " 16- "

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant. Frederick W. Moore Father.
Relationship.

519 No. 20 Sr.
Present Address. St Joseph Mo

Subscribed and sworn to before me this day of, 1945.

My Commission expires March 29, 1947

Wodge Cannon Notary Public.

1740