

FILED MAR 24 1945

Registration District No. 1002

Primary Registration District No. 1002

48
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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:
2440 Tracy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years (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. 2440 Tracy
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carrie I. Moore
3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex Fe 5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alexander Moore
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased October 14, 1917
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 3rd
year 1945 hour 7:30 minute P. M.
21. I hereby certify that I attended the deceased from Feb 6-1945
to March 3-1945
that I last saw h. March 3 alive on March 3
and that death occurred on the date and hour stated above.

8. AGE:
Years Months Days If less than one day
27 4 19 hr. min.

Immediate cause of death Anemia
Chromosis of liver
Chromosis of liver
Due to _____
Due to _____

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

Other conditions (include pregnancy within 3 months of death)
1245

10. Usual occupation Beautician
11. Industry or business
MOTHER FATHER
12. Name Joe Moore
13. Birthplace Montgomery Texas
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Ricker
15. Birthplace Corsican Texas
(City, town, or county) (State or foreign country)

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

16. (a) Informant Alexander Moore
(b) Address 2440 Tracy
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/9/45
(Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Highland Cemetery
18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia
19. (a) 3-2-45 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

While at work _____ (Specify type of place)
(c) Means of injury _____
23. Signature R. B. Bishop
Address 578 Ridge Bend Rd. K.C. Mo. Date signed 3/7/45

R. B. Bishop.

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

J. Marlowe

Licensed Embalmer No. *3994*

P. O. Address *2573 Highland*

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.