No. 2
1—2-43
5-17-39
X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24176

FILED JUL 21 1945

State File No.

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 87

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Prairie Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Emergency Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community 69 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 4
(c) City or town Oak Grove 11
(If outside city or town limits, write "RURAL")
(d) Street No. — 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME WALLACE THOMAS MOORE
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 14 (Day) 1875 (Year)

8. AGE: Years 69 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Independence (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name John W Moore
13. Birthplace Independence (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Sarah F Cook
15. Birthplace Independence (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Gladys E Mormon
(b) Address 11424 E 15th St. Indep. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery
18. (a) Signature of funeral director Geo. C. Carson Funeral Home
(b) Address Independence Missouri
19. (a) June 25-45 (Date received local registrar) (b) E. M. Schiela 3 + E. M.S. (Registrar's signature) 570

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 21 year 1945 hour 6 15 minute P M.
21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Skull Fracture	/
Due to: Acute Traumatism	/
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: No History + Inspection	

PHYSICIAN — Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 6-16-45
(c) Where did injury occur? Highway 40 + E18 (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? no (e) Means of injury automobile
23. Signature Jessie C Walker (M. D. or other) Coroner
Address 1424 Proper Bldg Date signed 6-22-45

(Licensed Embalmer's Statement on Reverse Side)

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 O. K. McFarland

Licensed Embalmer No. 4397

P. O. Address Independence 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.

S. No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 87

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jackson County Emergency Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 69 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Oak Grove
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Wallace J. Moore

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Div

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 14 (Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John W. Moore
13. Birthplace Independence Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah F. Cook
15. Birthplace Independence Mo (City, town, or county) (State or foreign country)

16. (a) Informant Gladys E Mormon
(b) Address 11424 E 15th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Geo C Carson Funeral Home
(b) Address Independence Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June 21
year 1945 hour 9:15 minute P M.

21. I hereby certify that I attended the deceased from Coroner's Case, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Skull Fracture

Due to Auto Traumatism

Due to Pedestrian struck by Truck

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 170c & 21
Of autopsy No
History & Inspection

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Duration

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) Accident

(b) Date of occurrence 6-16-45

(c) Where did injury occur? Highway 40 & E 18 Jackson Co Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)

While at work? no (e) Means of injury Automobile Traum.

23. Signature James C Walker, Coroner (M. D. or other)

Address 1424 Professional Bldg Date signed 6-22-45

SUPPLEMENTARY

24176