. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 24 1945

State File No. 33218

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1087

1. PLACE OF DEATH:

(a) County Buchanan

(b) City ~~or town~~ St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 2. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 10 mos. 16 days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 11

(c) City ~~or town~~ Kansas City 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1117 Brooklyn 7
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME WILLIAM E. MOORE.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of ~~husband or~~ wife Sarah L. Moore

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

7. Birth date of deceased April ~~7~~ (Month) - 17 ~~20~~ (Day) - 1889. (Year)

8. AGE: Years 56 ~~61~~ Months 5 ~~7~~ Days 22 ~~19~~ If less than one day ..... hr. ..... min.

9. Birthplace unknown (City, town, or county) alabama (State ~~or foreign country~~)

10. Usual occupation Janitor

11. Industry or business Common Laborer

FATHER
12. Name Harrison Moore
13. Birthplace unknown (City, town, or county) alabama! (State ~~or foreign country~~)

MOTHER
14. Maiden name Alice Smith
15. Birthplace unknown (City, town, or county) alabama! (State ~~or foreign country~~)

16. (a) Informant Madlene Daughtery

(b) Address Gen. Hosp. No. 2. K.C. Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Oct 10 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem. K.C. Mo

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lydia, K.C. Mo.

19. (a) Oct. 10, 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 9 year 1945 hour 1 minute — P. M.

21. I hereby certify that I attended the deceased from 10-23, 1943 to 10-8-, 1945, that I last saw him alive on 10-8-, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho-pneumonia	5 days
Due to chronic glomerulo-nephritis	1 year
Due to Hypertensive cardio-vascular disease of greater circulation	unknown
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

130

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. H. Morroway (M. D. ~~or other~~)

Address State Hospital No. 2 Date signed 10-9-45.

1428

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

OCT 31 1945

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 D. J. Marlowe

Licensed Embalmer No. 3994

P. O. Address 2503 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.