

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. **9562**
Registrar's No. **1373**

FILED APR 2 1946
Registration District No. **149** Primary Registration District No. **1002**

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:
KC GENERAL HOSPITAL No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 HOURS**
In this community **10 YEARS** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MRS. FREDA OPAL MONTGOMERY MOORE**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **490-24-1934**

4. Sex **FEMALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MR. JAMES MOORE**
6. (c) Age of husband or wife if alive **37** years
7. Birth date of deceased **FEBRUARY-13 1921**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
25 1 3 hr. min.

9. Birthplace **VERSAILLES OKLAHOMA**
(City, town, or county) (State or foreign country)

10. Usual occupation **WAITRESS**

11. Industry or business **CAVALIER COFFEE SHOP**

MOTHER FATHER
12. Name **CARTER MONTGOMERY**
13. Birthplace **BEE BRANCH ARKANSAS**
(City, town, or county) (State or foreign country)
14. Maiden name **FAYE MOORE**
15. Birthplace **DENISON TEXAS**
(City, town, or county) (State or foreign country)

16. (a) Informant **Faye Siegle**
(b) Address **3523 Forest**

17. (a) **BURIAL** (b) Date thereof **MAR-23-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **FOREST HILL CEMETERY**

18. (a) Signature of funeral director **D. N. Newcomer Sons**
(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **3-22-46** (b) **Theraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **3523 FOREST AVENUE**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **MARCH** day **16**TH year **1946** hour **5** minute **50 A.M.**
21. I hereby certify that I attended the deceased from **Coroner** 19 to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death **Bleed not wound of head.**
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) **1066**
Major findings: Of operations
Of autopsy **yes as above**
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) **Homicide**
(b) Date of occurrence **3-15-46**
(c) Where did injury occur? **100 Jackson mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in home
While at work? **no** (Specify type of place) (e) Means of injury **Pistol**
23. Signature **James Walker** (M.D. or other)
Address **1424 24th St** Date signed **3-17-46**

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... *Barly Rapp*
Licensed Embalmer No. *03458*
P. O. Address *HC 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.