

3. No. 2
A-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9563**
Registrar's No. **1073**

FILED MAR 18 1946
Registration District No. 149

Primary Registration District No. 1002

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 1113 EAST BRUSH CREEK BLVD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 1113 East Brush Creek (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Mrs Jane Emma Moore
(b) If veteran, name war NO
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month March day 2ND year 1946 hour 8 minute 55 A.M.
21. I hereby certify that I attended the deceased from 11/1/46 1946 to 3/2 1946
that I last saw her alive on 3/2 1946 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Thomas Moore 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased October 26 1848 (Month) (Day) (Year)

Immediate cause of death Chrom Myocarditis Duration 5 yrs.
Due to senility
Due to ---
Other conditions (Include pregnancy within 3 months of death) ---

8. AGE: Years 97 Months 4 Days 6 If less than one day --- hr. --- min.
9. Birthplace Independence Mo. (City, town, or county) (State or foreign country)

10. Usual occupation none
11. Industry or business at home
12. Name A. J. Beatty
13. Birthplace Philadelphia Penna (City, town, or county) (State or foreign country)
14. Maiden name Jane Harvey Hemmest
15. Birthplace Hammeretshire England (City, town, or county) (State or foreign country)

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

16. (a) Informant Miss Allie B. Moore
(b) Address 1113 East Brush Creek Blvd
17. (a) Burial (b) Date thereof Mar. 5 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem. Indep. Mo.
18. (a) Signature of funeral director H. W. Newcomer
(b) Address 1401 Brush Creek Blvd
19. (a) 3-4-46 (Date received local registrar) (b) Eraldine Holmes (Registrar's signature)

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? ---
(e) Means of injury ---
23. Signature H. Prutier (M. D. or other) ---
Address 900 Riata City City Date signed 3/7/46

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

8488

Pauls Body

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 *A. C. Newcomer Jr*
Licensed Embalmer No. *4048*
P. O. Address *A. C. 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.