. S. No. 2
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ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27264
Registrar's No. 3602

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: Research Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Weeks (Specify whether years, months or days)
In this community 45 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3728 Baltimore Ave 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MRS. ALLIE HAZARD MOORE
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Col. Virgil Moore
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 10th (Day) 1874 (Year)

8. AGE: Years 71 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Fon du Lac (City, town, or county) Wisconsin (State or foreign country)
10. Usual occupation Astrologer
11. Industry or business
FATHER
12. Name George Hazard
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)
MOTHER
14. Maiden name Cora Freelove Aplin
15. Birthplace (City, town, or county) Wisconsin (State or foreign country)
16. (a) Informant Mrs. Inez Grasty
(b) Address Forest City, Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood
18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd St. Kansas City, Mo.
19. (a) 8-20-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th year 1946 hour 5 P.M. minute M.
21. I hereby certify that I attended the deceased from May 27, 1946, to Aug 18, 1946; that I last saw alive on Aug. 18, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Cervix — Duration 2 yrs.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 48.0
Major findings: Of operations
Of autopsy

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) K
While at work? (e) Means of injury U
23. Signature E. K. Robinson (M. D. or other) MD
Address 928 Professional Bldg. Date signed Aug 19, 1946

(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 Elmer C. Wedelin

Licensed Embalmer No. 3495

P. O. Address N. 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.

128 Prof. Bldg - 1:00 - 4:00