No. 2
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X47070

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

30379

State File No.

FILED SEP 16 1946

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 3762

48 3 80

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: General Hospital No. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 10 days In this community 2 years (Specify whether years, months or days)

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. 4221 Mc Gee (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Grace Moore
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race Wh
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 6 1892 (Month) (Day) (Year)

8. AGE: Years 54 Months 6 Days 26 If less than one day hr. min.

9. Birthplace Matagorda County Texas (City, town, or county) (State or foreign country)
10. Usual occupation Retired Designer
11. Industry or business Millinery & Dresses
MOTHER FATHER
12. Name Dolph Moore
13. Birthplace X Texas (City, town, or county) (State or foreign country)
14. Maiden name Lou Mendle
15. Birthplace X Texas (City, town, or county) (State or foreign country)
16. (a) Informant Miss Martha Moore
(b) Address 2404 Ave E Bay City Texas
17. (a) Houston Tex (Burial, cremation, or removal) (b) Date thereof 9/2/46 (Month) (Day) (Year)
(c) Place: burial or cremation Bay City Texas
18. (a) Signature of funeral director H. W. Wagner
(b) Address 204 W Linwood
19. (a) 9-2-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2 year 46 hour 8 minute 10 A. M.
21. I hereby certify that I attended the deceased from July 23 1946 to Sept. 2 1946 that I last saw her alive on Sept. 2 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to: Toxic Nephrosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Ulcerative Oesophagitis	
Major findings: Of operations: 11 6: 2	
Of autopsy: See 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)
(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 0
23. Signature Wm. W. Hart (M. D. or other) MD
Address Medical Director Date signed

(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 Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.