

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U. S. STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30380
3969

State File No.

Registrar's No.

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
(c) Name of hospital or institution: Research Hospital
(d) Length of stay: In hospital or institution 17 d.
In this community 20 ym.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 51
(c) City or town Holden
(d) Street No. Market Street
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME MOORE, JAMES EVERETT.
(b) If veteran, name war no
(c) Social Security No. 511-10-7865

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 17 year 1946 hour 8 minute 20 M.
21. I hereby certify that I attended the deceased from 9-5-46 to 9-17-46
that I last saw him alive on 9-16-46
and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Iris Mooney Moore
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased January 28, 1902

Immediate cause of death Peritonitis - general
Due to Ruptured Duodenal ulcer
Other conditions Terminal uremia
Major findings: Ruptured Duodenal ulcer, General Peritonitis.
Of autopsy Peritonitis.

8. AGE: Years 44 Months 7 Days 19 If less than one day 8 hr. 20 min.

9. Birthplace Brunswick Missouri

10. Usual occupation Grocer

11. Industry or business Retailer

12. Name Lanius None

13. Birthplace Illinois

14. Maiden name Nancy Medley

15. Birthplace Unionville Missouri

16. (a) Informant Iris Mooney Moore

(b) Address Holden, Mo.

17. (a) Burial (b) Date thereof 9-17-46

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director E. B. Cost

(b) Address Holden, Mo.

19. (a) 9-18-46 (b) Geraldine Holmes

Due to
Other conditions Terminal uremia
Major findings: Ruptured Duodenal ulcer, General Peritonitis.
Of autopsy Peritonitis.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Signature: J. B. [Signature] (M. D. or other)
Address: [Address] Date signed: 9-18-46

Duration 9-4-46
PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. J. M. ...
No. 918. ...

APR 4 1947

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 E. B. Cart

Licensed Embalmer No. 4069

P. O. Address Hollister, 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.