. S. No. 2
0M—5-43
ev. 5-17-39
I - X36671

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

State File No. 30381

FILED SEP 25 1946

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 3859

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: Wheatley Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 28 Years
years, months or days)

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. 1905 E. 16th St. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Marie Moore

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Moore

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 9, 1913
(Month) (Day) (Year)

8. AGE: Years 33 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Douglas Mosby 0
13. Birthplace Berger, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katie Whitside
15. Birthplace Berger, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Goldie Sampson
(b) Address 1905 E. 16th St.

17. (a) Burial (b) Date thereof 9/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia Ave.

19. (a) 9-10-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7
year 1946 hour 3 minutes 20 P.M.

21. I hereby certify that I attended the deceased from ~~Sept~~ 8 Aug. 1946, to ~~Aug~~ 9-7, 1946
that I last saw him alive on 9-7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to ruptured appendix

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 121
Of autopsy

Duration

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 L. V. Mullen (M. D. ~~or other~~)
Address 1203 Paseo Date signed 9/21/46

(Licensed Embalmer's Statement on Reverse Side)

Sir V. Miller

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 I. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2573 Highland

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.