

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **37163**  
Registrar's No. **1379**

Registration District No. **42**

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County **Buchanan**  
(b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Missouri Methodist Hospital**  
(If not in hospital or institution, write street number or location) **0**  
(d) Length of stay: In hospital or institution **8 days** (Specify whether  
In this community **45 years.** (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** **11**  
(c) City or town **St. Joseph** **1**  
(If outside city or town limits, write "RURAL") **7**  
(d) Street No. **1022 Angelique Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Mrs. Anna B. Moore**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **John K. Moore** 6. (c) Age of husband or wife if alive **81** years  
7. Birth date of deceased **March 15 1875**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<b>72</b>	<b>8</b>	<b>2</b>		hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **At home**

12. Name **Robert H. Buster**

13. Birthplace **Unknown Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Fannie Jane Haynes**

15. Birthplace **Unknown Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lily-Ann Culp**  
(b) Address **1022 Angelique St., St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 20, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Walter Neuerhoffer**  
(b) Address **1946 Colhoun St., St. Joseph, Mo.**

19. (a) **11-21-47** (b) **E. B. Jenkins**  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **17th**  
year **1947** hour **9** minute **10 A.** M.

21. I hereby certify that I attended the deceased from **Jan 1**  
**1946** to **Nov 17 1947**  
that I last saw **her** alive on **Nov 17 1947**  
and that death occurred on the date and hour stated above.  
Duration

Immediate cause of death **Central Nervous System**  
**hypertension**  
**chronic hypertension**  
Due to **hypertension**  
Due to **chronic hypertension**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **93D**  
Of operations  
Of autopsy **Degeneration of brain tissue**

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?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature **W. J. Jacobberger** (M. D. or other)  
Address **St. Joseph, Mo.** Date signed **11/19/47**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

FILED NOV 24 1947

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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 *Edward C. Harrington*.....

Licensed Embalmer No. *3258 Missouri*.....

P. O. Address *St. Joseph, 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.