

S. No. 2
M-1/47
v. 5-17-39

National Office of Vital Statistics

FILED JAN 13 1948

Registration District No. **179**

Primary Registration District No. **1002**

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

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 **3240 Marledge Court Home**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 mos 4**
(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. **3240 Marledge**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **Llewel-Martin Moore**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **23** year **1947** hour **10** minute **35 a.m.**

21. I hereby certify that I attended the deceased from **11 Dec.** 19**47** to **23 Dec.** 19**47** that I last saw him alive on **11 Dec.** 19**47** and that death occurred on the date and hour stated above.

Duration **12 days**

4. Sex **Male**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **Wid**

6. (b) Name of husband or wife **Annie Moore**

6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **Oct-19-1854**
(Month) (Day) (Year)

Immediate cause of death **Myocardial degeneration**

Due to.....

Due to.....

8. AGE:

Years	Months	Days	If less than one day
93	12	2	4
			hr. min.

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: **93 D**

Of operations.....

Of autopsy.....

9. Birthplace **Collinsville Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retiree**

11. Industry or business **Farmer**

12. Name **Valney Moore**

13. Birthplace **no Record**
(City, town, or county) (State or foreign country)

14. Maiden name **no Record**

15. Birthplace **no Record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mabel Moore**

(b) Address **3534 Flora**

17. (a) Removal **Removal** (b) Date thereof **Dec-23-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brunswick Mo**

18. (a) Signature of funeral director **Mr. C. L. Forster**

(b) Address **918 Brooklyn**

19. (a) **12-23-47** (b) **Theraldine Holmes**
(Date received local registrar) (Registrar's signature)

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.....

23. Signature **J. Wakefield** (M. D. or other) **Mid.**

Address **1102 Grand St. W. C. 6 Mo** signed **23 Dec 47**

PHYSICIAN

Underline the cause of which death should be charged statistically.

or 4th Watchman
Burgess & Olesky

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.