

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 DAYS  
In this community 25 YRS.  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME OLIVER MOORE

3. (b) If veteran, name was unknown 3. (c) Social Security No. 496-10-877

4. Sex MALE 2. 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced. MARRIED

6. (b) Name of husband or wife JENNIE MOORE 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased JUNE 17, 1900  
(Month) (Day) (Year)

8. AGE: Years 47 Months 6 Days 11 If less than one day hr. min.

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

10. Usual occupation SERVICE MAN

11. Industry or business

12. Name THOMAS MOORE

13. Birthplace FORT SCOTT KANSAS  
(City, town, or county) (State or foreign country)

14. Maiden name MATTIE TRIPULETT

15. Birthplace MARYVILLE MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant JENNIE MOORE (WIFE)

(b) Address 1327 LYDIA

17. (a) Burial (b) Date thereof DEC. 31, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lamon Cemetery, C. Mo.

18. (a) Signature of funeral director Lamine T. Welch

(b) Address 1708 E. 18th St. C. Mo.

19. (a) 12-3047 (b) Thereldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 1327 LYDIA  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 28, year 1947 hour 7: minute 25 A. M.

21. I hereby certify that I attended the deceased from DECEMBER 11, 1947 to DECEMBER 28, 1947; that I last saw him alive on DECEMBER 28, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE HEART DISEASE WITH RIGHT AND LEFT VENTRICULAR FAILURE

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 [Signature] (M. D. or other) M.D.  
Address GENERAL HOSPITAL NO. 2 Date signed 12/29/47

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

MOTHER FATHER

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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 Fannie L. Meek

Licensed Embalmer No. 3819

P. O. Address Kansas City, 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.**