

FILED FEB 11 1948

Registration District No. _____

Primary Registration District No. 5572

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence, Mo. Pratarea
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home for Age
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 MO
(Specify whether years, months or days)
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Jackson
(c) City or town St. C. Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1420 E. Euclid
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Daisy, MOORE

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race NEgro 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Dont know
(Month) (Day) (Year)

8. AGE: Years about 54 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation MAID

11. Industry or business _____

12. Name Charles MOORE

13. Birthplace MO
(City, town, or county) (State or foreign country)

14. Maiden name Celia Wright

15. Birthplace Columbia MO
(City, town, or county) (State or foreign country)

16. (a) Informant Norma Brown

(b) Address 1420 Euclid

17. (a) Burial (b) Date thereof 1-29-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland CEM.

18. (a) Signature of funeral director Brady-Brown

(b) Address 1708 5th St

19. (a) JAN. 28 1948 (b) Dorcas C. Emshang
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 21
year 1948 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from Jan. 16, 1948 to Jan 21, 1948
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
P. Influenzae
Due to _____

Duration 5 ds.

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. N. Griffin (M. D. or other) _____
Address R. R. # 4, Independence, Mo. Date signed 1-28-48

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

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 J. F. Ramsery

Licensed Embalmer No. 4081

P. O. Address 1922 Woodland K.C.

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.