

FILED APR 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13030**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1681**

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
c. LENGTH OF STAY (In this place) **33 YEARS**
d. FULL NAME OF HOSPITAL OR INSTITUTION **General Hospital No. 1**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Jackson**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
d. STREET ADDRESS (If rural, give location) **3132 Oak**

3. NAME OF DECEASED
a. (First) **Anna** b. (Middle) **FLORENCE J.** c. (Last) **Moore**

4. DATE OF DEATH (Month) (Day) (Year)
4 9 52

5. SEX **FEMALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED**

8. DATE OF BIRTH **MAY-26-1878**

9. AGE (In years last birthday) **73**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 1 Wks.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **AT HOME**

10b. KIND OF BUSINESS OR INDUSTRY **---**

11. BIRTHPLACE (State or foreign country) **SALINE COUNTY MISSOURI**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **THOMAS J. JACKMAN**

13b. MOTHER'S MAIDEN NAME **NANNIE L. ARNETT**

14. NAME OF HUSBAND OR WIFE **HARRY G. MOORE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **---**

16. SOCIAL SECURITY NO. **NONE**

17. INFORMANT'S SIGNATURE OR NAME **Mrs. FRANK HENRY** ADDRESS **2557 CHERRY ST. KANSAS CITY MO.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Hypertensive cardiovascular disease**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Diabetes mellitus**
Fracture of left hip

INTERVAL BETWEEN ONSET AND DEATH
443X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **At home**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Kansas City, Jackson, Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **4 9 52 m.**

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **Fall in home**

22. I hereby certify that I attended the deceased from **Mar. 21, 1952**, to **April 9, 1952**, that I last saw the deceased alive on **April 9, 1952**, and that death occurred at **5:40A m.**, from the causes and on the date stated above.

23a. SIGNATURE **B.I. Burns** (Degree or title)

23b. ADDRESS **24th & Cherry**

23c. DATE SIGNED **4-9-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **APR-12-1952**

24c. NAME OF CEMETERY OR CREMATORY **FOREST HILL CEMETERY**

24d. LOCATION (City, town, or county) (State) **KANSAS CITY MISSOURI**

DATE REC'D BY LOCAL REG. **4-12-52**

REGISTRAR'S SIGNATURE **Seraldine Holmes**

25. FUNERAL DIRECTOR'S SIGNATURE **W. Newcomer** ADDRESS **1331 BRUSH CREEK KANSAS CITY MO.**

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

R. 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Robert E. Henson

Signed.....
Student Embalmer

Licensed Embalmer No.....
4848

P. O. Address.....
K.C. 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.