No. 300
10.48

FILED MAY 24 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

15546

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2038

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

0

**1. PLACE OF DEATH**
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 37 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wheatley Provident Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location) 2500 Park Ave. 39 8398

**3. NAME OF DECEASED** (Type or Print)
a. (First) Ida
b. (Middle) Mae
c. (Last) Moore

**4. DATE OF DEATH** (Month) (Day) (Year) May 6, 1955

**5. SEX** female 3
**6. COLOR OR RACE** Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) married 1
**8. DATE OF BIRTH** May 22, 1903
**9. AGE** (In years last birthday) 51 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) maid
**10b. KIND OF BUSINESS OR INDUSTRY** private family
**11. BIRTHPLACE** (City and State or Foreign Country) Windson, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?** U. S.

**13a. FATHER'S NAME** Martin Lewis
**13b. MOTHER'S MAIDEN NAME** Anna White
**14. NAME OF HUSBAND OR WIFE** William Moore

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) no
**16. SOCIAL SECURITY NO.** 494-20-8311
**17. INFORMANT'S SIGNATURE OR NAME** William Moore — ADDRESS 2500 Park

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Type Ht Disease — INTERVAL BETWEEN ONSET AND DEATH 3 yrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Mitral + Aortic Regurg. — 5 wk
DUE TO (c) Rheumatic Fever — ? 410X

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death* Auricular Fibrillation — 5 days

**19a. DATE OF OPERATION** No
**19b. MAJOR FINDINGS OF OPERATION** NO
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 4-1- *19*55, *to* 5-6- *19*55 *that I last saw the deceased alive on* 5-6- *19*55 *and that death occurred at* 5 30 p *m., from the causes and on the date stated above.*

**23a. SIGNATURE** J. S. Wells (Degree or title) J. S. Wells MD
**23b. ADDRESS** 2122-E-15th K.C. Mo
**23c. DATE SIGNED** 5-9-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify) burial
**24b. DATE** May 12, 1955
**24c. NAME OF CEMETERY OR CREMATORY** Highland
**24d. LOCATION** (City, town, or county) (State) Kansas City, Mo.

**DATE REC'D BY LOCAL REG.** 5-10-55
**REGISTRAR'S SIGNATURE** Neva Minshall
**25. FUNERAL DIRECTOR'S SIGNATURE** Watkins Bros. Funeral Home — ADDRESS 18th Denton

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Bruce A. Watkins.....

Licensed Embalmer No....45

P. O. Address 18th Bent

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.