

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1415

Registrar's No. 209

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 209	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY in this place 12 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		5408	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Kansas City Tuberculosis Hospital				d. STREET ADDRESS (If rural, give location) 2928 Park			
3. NAME OF DECEASED (Type or Print) a. (First) Mary Pearl Moore			b. (Middle)			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) 1-12-1956		5. SEX 3 Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Married	
8. DATE OF BIRTH 3-3-1908		9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Gilbert Louisiana		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Ste Gibson		13b. MOTHER'S MAIDEN NAME Lillie Smith		14. NAME OF HUSBAND OR WIFE Theodore J. 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. 500-22-5801		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theodore J. Moore 2928 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) Pulmonary Tuberculosis 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.				INTERVAL BETWEEN ONSET AND DEATH 000+	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-20-1955, to 1-12-1956, that I last saw the deceased alive on 1-12-1956, and that death occurred at 12:45 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edward P. Altman M.D.				23b. ADDRESS K.C.T.B. Hospital		23c. DATE SIGNED 1-12-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-18-56		24c. NAME OF CEMETERY OR CREMATORY Aerial		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REG. 1-16-56		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watten Bros. Funeral Home 6 th Benton			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Edward P. Altman

WA 3-3413

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

Arma P. W. ...

Signed.....

Student Embalmer

Licensed Embalmer No. *4500*

P. O. Address *15th Benton*

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

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