

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

38296  
Do not use this space.

REC'D DEC 14 1938

**1. PLACE OF DEATH**

(a) County Jackson (b) Township Kaw (c) City Kansas City (d) Street No. 3105 Park Ave. (e) Length of residence in city or town where death occurred 58 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. Registration District No. 399  
Primary Registration District No. 1002

Registered No. 4530

**2. PRINT FULL NAME**

Harry W. Moore  
(a) Residence, No. 3105 Park Ave. St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice C. Moore  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23 1860  
7. AGE YEARS 78 MONTHS 7 DAYS 26 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Coal Dealer  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta Ill.

FATHER 13. NAME David W. Moore  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER 15. MAIDEN NAME Henrietta M. Eiker  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT Mrs George White (ADDRESS) 12 East Concord

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 11/22/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary Kansas City Missouri

20. FILED Nov 21 1938 M. M. Brown Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 33 1933, to Nov 19 1938  
I last saw him alive on Nov 17 4P 1938. Death is said to have occurred on the date stated above, at 4P m.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1920?  
Auricular Fibrillation 1933  
Bundle Branch Block 1938  
Other contributory causes of importance:  
Cerebral Arteriosclerosis AD C  
General Arteriosclerosis 1

Name of operation none Date of none  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 19  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify G. A. Raymond M. D.  
(Signed) G. A. Raymond (Address) 1002 Argyle Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr B A Roy  
Angyle Edg  
12 or Mc Ken

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**