

DEC 13 1938

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

41805

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 395  
(b) Township Franklin Primary Registration District No. 1602  
(c) City Kansas City (d) Street No. 1102 1/2 E. 22nd Registered No. 4871  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAMES

(a) Residence, No. 1102 1/2 E. 22nd St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alfred Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
63 11 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
9. Industry or business in which work was done, as saw mill, bank, etc.  
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) Mo. OFATHER 13. NAME Samuel Brown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va. WMOTHER 15. MAIDEN NAME Sybil Dickerson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT (ADDRESS) Georgia Davis  
1102 1/2 E. 22nd18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 12-13-3819. FUNERAL DIRECTOR (NAME) (ADDRESS) Holdings Bros  
1729 Lydia20. FILED Dec 13 1938 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/11/3822. I HEREBY CERTIFY, That I attended deceased from Dec. 3 - 38, to Dec. 11 - 38, 1938I last saw him alive on Dec. 11 - 38. Death is said to have occurred on the date stated above, at H.H.M.

The principal cause of death and related causes of importance were as follows:

Arterio + Myocardial 92%  
Insufficiency  
Date of onset

Other contributory causes of importance:

Name of operation By Dr. ... Date of ...  
What test confirmed diagnosis? ... Was there an autopsy? ...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 ...  
Nature of injury ...24. Was disease or injury in any way related to occupation of deceased?  
If so, specify L. W. Booker, M. D.  
(Signed) L. W. Booker  
(Address) 2024 Union St.

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.

**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, .....

*T. B. Watkins*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *T. B. Watkins* .....

Licensed Embalmer No. *2889* .....

P. O. Address *1729 Lydia* .....

**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.**