

REC'D MAY 10 1939

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

13807
Do not use this space.

1561

1. PLACE OF DEATH

(a) County Jackson 1 Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 1561
(c) City Kansas City (d) Street No. 3416 Campbell St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 18 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

600 Thomas D. Moore
(a) Residence, No. 3416 Campbell 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Moore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 4 21
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Country Club
9. Industry or business in which work was done, as saw mill, bank, etc. Protective assoc.
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) Greener Missouri13. NAME Joseph Moore14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Gentry16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris France17. INFORMANT Mrs. Grace Moore
(ADDRESS) 3416 Campbell18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Joseph, Mo. DATE April - 14 - 3919. FUNERAL DIRECTOR (NAME) (ADDRESS) W. W. Newcomer Sons
Bushcreek + Pass20. FILED Apr 13 1939 M. M. Grove
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 193922. I HEREBY CERTIFY, that I attended deceased from Mar 1, 1939, to, 19.....I last saw him alive on April 10, 1939 Death is said to have occurred on the date stated above, at 10:30 P.

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

Bronchial Pneumonia Date of onset

Other contributory causes of importance:

Name of operation..... 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.....

(Signed) Bethie B. Livingston D.S.(Address) 200 - EAST - 51ST STREET I.E.R.R.

DEC 17 1943

MAR 8 1944

James B. ...
100 E 51 St. ...
Alma 1984

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 *George M. Collier*

Licensed Embalmer No. *3839*

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.