

REC'D JUN 8 1939

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

17693  
Do not use this space.

1. PLACE OF DEATH 3

(a) County Jackson Registration District No. 399

(b) Township Kaw Primary Registration District No. 1002 Registered No. 2095

(c) City Kansas City (d) Street No. 418 West - 10 St. 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 NAME h.o. Mrs. Mary Elizabeth Moore

(a) Residence, No. Cinester Ontario Canada 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-1-1873

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

66 | 2 | 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Ontario (STATE OR COUNTRY) Canada

FATHER

13. NAME Henry Wood

14. BIRTHPLACE (CITY OR TOWN) Stratford (STATE OR COUNTRY) Ontario

MOTHER

15. MAIDEN NAME Mary Emma Calvert

16. BIRTHPLACE (CITY OR TOWN) Toronto (STATE OR COUNTRY) Canada

17. INFORMANT Emily A.C. Wood (ADDRESS) 418 W. 10 St., K.C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cinester Ontario DATE 5/20/39

19. FUNERAL DIRECTOR (NAME) Stuart McClure (ADDRESS) K.C., Mo.

20. FILED May 19 1939 m.m. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-18-39, 19

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on Coroner Death is said to have occurred on the date stated above, at 10:00 P.M.

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

Coronary atherosclerosis  
Chronic diffuse myocardial fibrosis  
Acute pulmonary congestion

Other contributory causes of importance: 924

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) Dr. H. H. Hester M. D.  
(Address) Gen. Hosp., K.C., Mo.

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.

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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.**