

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36272
Do not use this space.

NOV 22 1939

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 398
 (b) Township Glenn Primary Registration District No. 3019 Registered No. 318
 (c) or City Independence (d) Street No. Independence Hospital 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Dallas Clark Moore
 (a) Residence, No. 1522 West Walnut St. 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 Ida Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>54</u>	<u>6</u>	<u>15</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Standard Oil
 9. Industry or business in which work was done, as saw mill, bank, etc. Refinery
 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) Texas

FATHER
 13. NAME W. C. Moore
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Tenn.

MOTHER
 15. MAIDEN NAME Rhoda Armstrong
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT Ida Moore
 (ADDRESS) Independence, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mound Grove Cem DATE Oct, 19, 1939

19. FUNERAL DIRECTOR (NAME) Cato & Speaks
 (ADDRESS) Independence, Missouri.

20. FILED 10-18-39 F. L. Cook 361
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16-39 19

22. I HEREBY CERTIFY, That I attended deceased from 19 19, 19
 I last saw Deputy live on 7:45 p.m. 19. Death is said to have occurred on the date stated above, at 7:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Automobile Traumatic Pedal
Cerebral Injury, Chest
Heart Failure

Date of onset 10-16-39

Other contributory causes of importance: None

Name of operation None Date of None
 What test confirmed diagnosis None Was there an autopsy? None

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury 10-16-39
 Where did injury occur? Independence, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury Struck by Car
 Nature of injury Cerebral Injury, Chest

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify None
 (Signed) Dr. Russell W. ... M. D.
 (Address) Independence, Mo.

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed

Roland Speaks

Licensed Embalmer No. 3604

P. O. Address Greep Mo

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.