

FILED FEB 19 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH2611
Do not use (this space).

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400
 (b) Township Prairie Primary Registration District No. 3553B
 (c) City _____ (d) Street No. Jackson County 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Frederick Allen Moore
 (a) Residence, No. Pok Co. Mo. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10, 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 7 hrs. or 2 min.

OCCUPATION
 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.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Jackson County
(STATE OR COUNTRY) Missouri

FATHER
 13. NAME Harley E. Moore
 14. BIRTHPLACE (CITY OR TOWN) Leis Summit
(STATE OR COUNTRY) Mo.

MOTHER
 15. MAIDEN NAME Marie Bequa
 16. BIRTHPLACE (CITY OR TOWN) Jackson Co.
(STATE OR COUNTRY) Mo.

17. INFORMANT Harley Moore
(ADDRESS) Leis Summit, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Leis Summit DATE 1-11-40

19. FUNERAL DIRECTOR (NAME) H. C. Langstaff
(ADDRESS) Leis Summit, Mo.

20. FILED 1-12-1940 Geo. S. Ames
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1940 to Jan. 10, 1940

I last saw him alive on Jan. 10, 1940 Death is said to have occurred on the date stated above, at 10:30 AM.

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

Premature Birth 7 mos
154

Date of onset

Other contributory causes of importance:

Fatent Ductus Arteriosus
Status Lymphaticus

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? None (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 None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) H. C. Langstaff M. D.

932 (Address) Leis Summit, 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 W. Blangrove

Licensed Embalmer No. 3033

P. O. Address Lees Summit

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.