

FILED MAR 11 1940
399MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

5522

747

Registrar's No.

Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:

- (a) County Jackson
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
Kansas City T.B. Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Mos. 4 Days
14 Yrs. (Specify whether years, months or days)
 In this community

8. (a) PRINT FULL NAME 60V Sterling Moore8. (b) If veteran, name war No 8. (c) Social Security No. 495-03-83174. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Mattie Moore 6. (c) Age of husband or wife if alive 34 years7. Birth date of deceased Sept. 2, 1903
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
36 5 16 hr. min.9. Birthplace Ray, Okla.
(City, town, or county) (State or foreign country)10. Usual occupation Shoe Repairer

11. Industry or business

12. Name Charles Moore13. Birthplace Ohio
(City, town, or county) (State or foreign country)14. Maiden name Alice Perkins15. Birthplace Iowa
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Mattie Moore(b) Address 1317 Bellfontaine17. (a) Burial (b) Date thereof 12-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Floral Hills18. (a) Signature of funeral director Swink & Talbot(b) Address H.C. Co.19. (a) Feb. 19, 1940 (b) M.M. Crave
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1317 Bellfontaine
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18 th
year 1940 hour 12 minute 45 M.21. I hereby certify that I attended the deceased from Sept 14, 1937, to February 8, 1940
that I last saw him alive on Feb 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Pulm. pneumoniae
Pulm. T.B.
23Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature [Signature] (Specify type of place) (e) Means of injury _____
(M. D. or other)
Address Kansas City, Mo. Date signed 2-18-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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 _____

Charles M. Quinn

Licensed Embalmer No. _____

3774

P. O. Address _____

HCms

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.