S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 9733

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1167

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Kansas City, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1st & Holmes (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community About 7 years years, months or days)

**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. 515 Locust (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JESSIE MAE Fuller Moore

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race Colored

6. (a) Single, widowed, married, divorced Mar.

6. (b) Name of husband or wife Sebron Moore

6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased Feb. (Month) 19 (Day) 1907 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 33 | 0 | 20 | hr. min. |

9. Birthplace Cooper (City, town, or county) Texas (State or foreign country)

10. Usual occupation Cook

11. Industry or business

FATHER
12. Name Chas. Fuller
13. Birthplace Belton (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Mary Frances Laws
15. Birthplace Newlandville (City, town, or county) Texas (State or foreign country)

16. (a) Informant Mary Frances Scott

(b) Address 631 Holmes

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar (Month) 14 (Day) 1940 (Year)

(c) Place: burial or cremation Blue Ridge

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th K.C. Mo.

19. (a) Mch 15, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 3 day 10 year 1940 hour About 1:30 A minute M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19 to , 19 ; that I last saw alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Crushing Injury Chest & Head

Due to Fracture of the Skull

Due to Fractured Ribs — 175 Po

Other conditions Homicide by Blow (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) Pending Investigation

(b) Date of occurrence 3-10-40

(c) Where did injury occur? Kansas City (City or town) Jackson (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Russell Kerr (M. D. or other)

Address Kansas Date signed

(Licensed Embalmer's Statement on Reverse Side)

## 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 Edw. G. Evans.

Licensed Embalmer No. 3836.

P. O. Address 1819 E 15 K C 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.**