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V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9984

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1418

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 24 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town ~~Kansas City~~ Rural
(If outside city or town limits write "RURAL")

(d) Street No. 27th and Blue Ridge Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Alfred Moore 600

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race Col

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

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

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

7. Birth date of deceased October 28, 1884
(Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 2 If less than one day ..... hr. ..... min.

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

10. Usual occupation Sexton of Cemetery

11. Industry or business

FATHER
12. Name Dudley Moore
13. Birthplace Missouri City (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Harriett Adkins
15. Birthplace Missouri City (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Dorsey Moore
(b) Address 1515 Park

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/1/40 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia

19. (a) Mch 31, 1940 (Date received local registrar) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th
year 1940 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from March 26, 1940 to March 30, 1940;
that I last saw him alive on March 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Cerebral arteriosclerosis

Due to 131

Other conditions Chronic Nephritis c
(Include pregnancy within 3 months of death)
Uremia.

Major findings:
Of operations —
Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? —
(Specify type of place)
While at work? — (e) Means of injury —

23. Signature G. C. Turner (M. D. or other)
Address 1830 Vine St Date signed 3/30/40

(Licensed Embalmer's Statement on Reverse Side)

P. C. Turner

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 Isaac Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 1120 E. 23rd

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.