

STANDARD CERTIFICATE OF DEATH
1002

State File No. 20713

Registration District No. 399

Primary Registration District No. _____

Registrar's No. 2330

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: Lakeside Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days
In this community 1 month (Specify whether years, months or days)

3. (a) PRINT FULL NAME Miss Effie June Moore

8. (b) If veteran, name war no. 8. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced child

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

7. Birth date of deceased June 28 1925
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
14 11 8 hr. min.

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER { 12. Name R. C. Moore

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

14. Maiden name Minnie Johnson

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. R. C. Moore
(b) Address East Lynn, Mo.

17. (a) Removal (b) Date thereof 6-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lynn, Mo.

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) June 6, 1940 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town East Lynn
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? Nebraska years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th,
year 1940, hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from M
May 11, 1940 to June 6, 1940
that I last saw her alive on June 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death uremia epileptiform
convulsions

Due to chronic
hemorrhagic nephritis
(glomerulonephritis)

Due to scarlet fever in
1937

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 7/1

Of autopsy _____

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?

While at work? _____ (Specify type of place)
(e) Means of injury 5

23. Signature Luella B. Conover
Address Raytown, Mo Date signed 6/16/40

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

FLA 1232

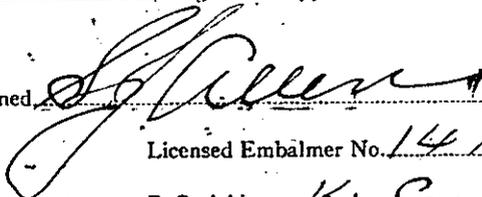
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 1419

P. O. Address. 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.