

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. & 3 days
(Specify whether years, months or days) 20 years

8. (a) PRINT FULL NAME Charles Moore 1000

3. (b) If veteran, name war No 3. (c) Social Security No. Unk.

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

6. (b) Name of husband or wife Lena Moore 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 -- -- hr. min.

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

10. Usual occupation Unknown

11. Industry or business

12. Name John Moore

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

14. Maiden name Mable Fulton

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

16. (a) Informant Record Clerk
(b) Address K.C. General Hospital No. 1.

17. (a) Burial (b) Date thereof 8-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlaw Cemetery

18. (a) Signature of funeral director Wm. A. Johnson

(b) Address 112 Gen. Hospital

19. (a) Aug. 22, 1940 (b) M. M. Craue
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limit, write "RURAL")
(d) Street No. 1412 Troost Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21st
year 1940 hour 12 minute 55 A. M.

21. I hereby certify that I attended the deceased from July 16th, 1940 to Aug. 21st, 1940

that I last saw him alive on Aug. 21st 1940, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Right heart failure
P. O.

Due to Acute pulmonary congestion and edema

Due to Cirrhosis of liver

Other conditions Splenectomy 8/19/40
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy yes

PHYSICIAN

7248
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) _____
(e) Manner of injury _____

23. Signature Wm. A. Johnson (M. D. or other)
Med. Dir. K.C. Gen. Hospital, K. C. MO.
Address _____ Date signed _____

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

MOTHER FATHER

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 *Wm. A. Johnson*

Licensed Embalmer No. *3089*

P. O. Address.....

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.