

Registration District No. **206**

Primary Registration District No. **5280**

Registrar's No. **67**

1. PLACE OF DEATH:

(a) County **Clay**
(b) City or town **Liberty**
(c) Name of hospital or institution **I.O.F. Home**
(d) Length of stay: In hospital or institution **8 years 8 months**
In this community **9 yrs 8 months**

3. (a) PRINT FULL NAME **William W. Moore**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

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

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

7. Birth date of deceased **Oct 22, 1956**

8. AGE: Years **84** Months **5** Days **16** If less than one day hr. min.

9. Birthplace **Unknown Tenn.**

10. Usual occupation **I.O.F. Home**

11. Industry or business **none**

MOTHER FATHER { 12. Name **Great Moore**
13. Birthplace **Unknown Tenn.**
14. Maiden name **Martha M. Collins**
15. Birthplace **Unknown Tenn.**

16. (a) Informant's own signature **Paul Rogers**

(b) Address **I.O.F. Home Liberty Mo.**

17. (a) **Removal** (b) Date thereof **8/19/1940**

18. (a) Signature of general director **Heard Gardner**

(b) Address **Liberty Mo.**

19. (a) **8-17-40** (b) **W. Shafer**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Clay**
(c) City or town **Liberty**
(d) Street No. **112**
(e) If foreign born, how long in U. S. A. **years**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **16** year **1940** hour **10** minute **16** M.

21. I hereby certify that I attended the deceased from **July 10** to **Aug 16** 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to **Stroke**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **None** Of autopsy **None**

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

(a) Accident, suicide, or homicide (specify) **None**
(b) Date of occurrence **None**
(c) Where did injury occur? **None**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **None**

23. Signature **Dr. W. Shafer** (M. D.)
Address **Liberty Mo.** Date signed **8/17/40**

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

800 F. Howe
8 yrs & months
William W. Moore

Year
month

DATE FILED
DISTRICT NO. 13-6
COUNTY OF ...

RECEIVED
JAN 23 1886

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 *William W. Moore*
Licensed Embalmer No. *2309*
P. O. Address *Liberty 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.