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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 12 1940

Registration District No. 1210

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34308

Registrar's No. 3824

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 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Minutes (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 (If outside city or town limits, write "RURAL")

(d) Street No. 1330 Manheim Road (If rural, give location)

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

3. (a) PRINT FULL NAME Mr. Thomas Caleb Moore

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Nina B. Moore

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased December (Month) 21 (Day) 1892 (Year)

8. AGE: Years 47 Months 9 Days 12 If less than one day ___ hr. ___ min.

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

10. Usual occupation Broker

11. Industry or business Drug Store

FATHER
12. Name John A. Moore
13. Birthplace (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Rosa Hunt
15. Birthplace (City, town, or county) Texas (State or foreign country)

16. (a) Informant Mrs Nina B. Moore

(b) Address 1330 Manheim Road

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 2, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Dallas, Texas

18. (a) Signature of funeral director O. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-2-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd year 1940 hour 8 minute 30 A. M.

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

Deputy Coroner

Immediate cause of death

Due to Cyanide poisoning

Due to

Other conditions Rheumatic heart disease (Include pregnancy within 3 months of death)

Major findings: Of operations 163

Of autopsy Yes

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) Suicide

(b) Date of occurrence 10-2-40

(c) Where did injury occur? K. C. (City or town) (County) Mo (State)

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

3 While at work? (e) Means of injury 5

23. Signature [signature] (M. D. or other)

Address K. C. Mo. 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. H B Newcomer Jr

Licensed Embalmer No. 4043

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, fact should be so stated above.