

No. 2
4-13-40
5-17-39
I. X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9792

APR 15 1941
399

State File No. _____
Registrar's No. 1201

Registration District No. _____

Primary Registration District No. 100

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:
Blue River - Swope Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether _____)
In this community. 3 Years
years, months or days)

3. (a) PRINT FULL NAME Herbert Franklin 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. Single

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

7. Birth date of deceased. October 22 1932
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 4 29 hr. _____ min.

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

10. Usual occupation Child

11. Industry or business. _____

MOTHER FATHER { 12. Name. Joseph M. Moore

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

14. Maiden name. Mille May Tracy

15. Birthplace. Pleasant Valley Okla.
(City, town, or county) (State or foreign country)

16. (a) Informant. Joe M. Moore

(b) Address. 7127 Bales

17. (a) Burial (b) Date thereof. March 24, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Memorial Park Cemetery

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

(b) Address. 1401 Brush Creek Blvd.

19. (a) 3/24/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48 38
(a) State. Missouri (b) County. Jackson
(c) City or town. Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 7127 Bales Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st
year 1941 hour 12 minute 45 P. A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death. _____

Due to Death by drowning
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations. _____

Of autopsy. Inspection

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify). Accident
(b) Date of occurrence. 3-20-41 (2) 12 2
(c) Where did injury occur? K. C. Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Circled)

While at work _____ (Specify type of place) (City or town) (County) (State)

23. Signature. Victor H. Crow (M. D. or other) _____
Address. K. C. Mo. Date signed. _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Hervey P. Puseber

Licensed Embalmer No. *40706*

P. O. Address *R. 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.