

FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17135
Registrar's No. 1797

Registration District No. 399

Primary Registration District No. 1002

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:
5708 The Paseo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community About 50 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. 5708 The Paseo
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1941 hour 5 minute _____ A.M. / P.M.
21. I hereby certify that I attended the deceased from Dec 21 1940
to May 5 1941
that I last saw her alive on May 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Cardiac Decompensation 10 days
Due to Chronic Myocarditis 16 mos.
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mrs. Eva Artie Moore

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Robert J. Moore 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 5 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace La Fayette County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

MOTHER FATHER { 12. Name John Catlin
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jenkins
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clarence E. Fleming
(b) Address 5708 The Paseo

17. (a) Burial (b) Date thereof May 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director J. H. Burcomer
(b) Address 1401 Brush Creek Blvd.

19. (a) May 6 1941 (b) M. M. Crown
(Date received local Registrar) (Registrar's signature)

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)
While at work _____ (e) Means of injury _____
23. Signature George J. Conley (M. D. 2)
Address 212 Timber Bldg Date signed 5/6/41

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

Dr. Geo. J. Coulter
116 W. 47th St
7-3:30 P

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.