U. S. No. 2
M—1-4-41
Rev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20765
2295

Registration District No. FILED JUL 3 399 1941
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:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)
In this community 20 Yrs.

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. 308 South Van Brunt Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

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3. (a) PRINT FULL NAME Mr. Barclay Davis Moore
3. (b) If veteran, name war
3. (c) Social Security No. 486-10-2819
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Paxton Ruth Moore
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased November (Month) 10 (Day) 1890 (Year)

8. AGE: Years	Months	Days	If less than one day
50	7	3	hr. min.

9. Birthplace Dallas (City, town, or county) Texas (State or foreign country)
10. Usual occupation Attorney & Claim Adjuster
11. Industry or business T. H. Mastin & Co.
FATHER 12. Name W. L. Moore
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Ann Hunt
15. Birthplace Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Raymond C Hunt
(b) Address 308 S Van Brunt
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director O. N. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 6/16/41 (Date received local registrar) (b) M. M. Crosse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th year 1941 hour 6 minute 40 P. M.
21. I hereby certify that I attended the deceased from June 11, 1941, to June 13, 1941; that I last saw him alive on June 13, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Hemorrhagic Pancreatitis	3 days
Due to 20 120	
Due to 28	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Acute Hemorrhagic Pancreatitis
Of autopsy Acute Hemorrhagic Pancreatitis

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)
(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 Lawrence C. Engel (M. D. or other) M.D.
Address Plaza Med Bldg Date signed 6-14-41

(Licensed Embalmer's Statement on Reverse Side)

200 Plaza Medical Bldg.
2-5

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 C 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.