No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36882

DEC 22 1941

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 9112

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 651 Splitlog
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lorin Wilbur Moore

3. (b) If veteran, name war No.

3. (c) Social Security No. 702-14-5458

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Annie Scott Moore

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March (Month) 26 (Day) 1868 (Year)

8. AGE: Years 73 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Keesville (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Retired Trainman

11. Industry or business Mo. Pacific R.R.

FATHER
12. Name Edward Moore
13. Birthplace Bloomfield (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Harriet A. Unknown
15. Birthplace Keesville (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Lorin Moore
(b) Address Kansas City, Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-17-41 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Kan.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) Nov 17 1941 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15th year 1941 hour 12 minute 3:00 P.M.

21. I hereby certify that I attended the deceased from 11-15-41, 19..., to 11-15-41, 19...; that I last saw him alive on 11-15-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Malignancy of liver
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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?
While at work? (Specify type of place) (e) Means of injury

23. Signature H. S. Cron (M.D. or other)
Address Mo. Pac. Hosp. Date signed 11-15

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 6 1962

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.....

Licensed Embalmer No.....2971

P. O. Address.....

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

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