

748 mg

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 St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Weeks  
In this community 40 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>048</sup>  
(c) City or town Kansas City <sup>8</sup>  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2504 East 14th Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Mr. Charles <sup>Franklin</sup> Francis Moore

3. (b) If veteran, name war No 3. (c) Social Security No. 496-10-8991

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 February 27 1889  
(Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 19 If less than one day hr. min.

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

10. Usual occupation Warehouse Man

11. Industry or business Davidson Furniture Co.

12. Name William A. Moore

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

14. Maiden name Allene Walker

15. Birthplace New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry W Moore

(b) Address 1213 Wabash Ave

17. (a) Cremation (b) Date thereof 12-18-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cremation

18. (a) Signature of funeral director J. H. Newcomer's son

(b) Address 1401 Brush Creek Blvd

19. (a) Dec 17 1941 (b) Ch. M. Crown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16th  
year 1941 hour 10 minute 55 P. M.

21. I hereby certify that I attended the deceased from Nov-1-1941  
1941, to Dec-16, 1941  
that I last saw him alive on Dec-16, 1941:  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Chylous ascites  
Due to obstruction of Thoracic duct  
Due to extensive retroperitoneal sarcoma - malignant.  
Other conditions ----  
(Include pregnancy within 3 months of death)

Major findings: Of operations ----  
Of autopsy as above  
PHYSICIAN H. B. W.  
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) (a) Means of injury \_\_\_\_\_

23. Signature James Walker (M. D. or other) \_\_\_\_\_  
Address 11424 Poplar Bldg Date signed Dec 17 41

K. C. W.

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.....

P. O. Address.....

**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.**

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Missouri

State File No. ....

County of Jackson

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4695-41

On this 9 day of February, 1943, before me appears Harry W. Moore who, upon this oath, states that the original record of death for Charles Franklin Moore died December 16, 1941 in the State of Missouri, and which was filed at Kansas City on 11-17, 1941, should be corrected as follows:

Item No. 5 should read Charles Franklin Moore

Instead of .....

Item No. 16a should read Francis

Instead of .....

Item No. .... should read Harry W. Moore

Instead of .....

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Instead of .....

Item No. .... should read .....

Instead of .....

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Instead of .....

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Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Harry W. Moore, Brother  
Relationship.

1213 Wabash Ave  
Present Address.

Subscribed and sworn to before me this 9 day of February, 1943

My Commission expires 9-27-43 Margaret H. Cronin Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1941  
S-41017

