

FILED APR 1 1942 399

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1094

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:
116 East 70th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether
In this community **35 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 048**

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

(d) Street No. **116 E 70th St.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Herbert J. Moore**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **797-07-6400**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed; married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Sylvia B. Moore** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **December 16 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 3 0 hr. min.

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

10. Usual occupation **Retired**

11. Industry or business **Railroad conductor**

MOTHER FATHER { 12. Name **Martin Moore**

{ 13. Birthplace **Pennsylvania**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Lucetta D. Wigg**

{ 15. Birthplace **Canada**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Herbert J. Moore**
(b) Address **116 East 70th Street**

17. (a) **Burial** (b) Date thereof **3-18-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary**
(b) Address **Kansas City, Mo.**

19. (a) **3-17-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **16**
year **42** hour..... minute..... M.

21. I hereby certify that I attended the deceased from **Feb 28 1942** to **March 16 1942**
that I last saw him alive on **March 16 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** Duration **16 Days**

Due to **arteriosclerosis**

Due to **948**

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

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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 **Dr. H. G. ...** (M. D. certificate)
Address **860 Professional Bldg** Date signed **3/17/42**

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

1000

Dr. R. O. McQuinn
Professional Embalmer
2-11-02
2-4130

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, ~~my~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Clarence W. Chels
Licensed Embalmer No. 3473
P. O. Address 76 E 760

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.