

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6-29-42 3 hrs.
(Specify whether

In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 41

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1604 E. 22nd Terr. 8
(If rural, give location)

(e) Citizen of foreign country? No 8
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME HARRY C. MOORE

3. (b) If veteran, name war None

3. (c) Social Security No. 487-03-6553

4. Sex Male 2 5. Color or Race Negro

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 March 13 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>3</u>	<u>16</u> hr. min.

9. Birthplace Van Buren Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Chef

11. Industry or business Rockhurst College

MOTHER FATHER

12. Name Henry Moore

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

14. Maiden name Maseline Dixon

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) burial (b) Date thereof 7/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Stathens Bros.

(b) Address 1729 Lydia, K. C., Mo.

19. (a) 2-3-42 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1942 hour 2 minute 10 p.m.

21. I hereby certify that I attended the deceased from June 29, 1942
11:20 a.m. to 2:10 p.m.
that I last saw h. i. m. alive on June 29, 1942
and that death occurred on the date, and hour, stated above.

Immediate cause of death Multiple abscesses of liver

Due to Perirectal abscesses

Due to 125 B'

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)

Means of injury.....

23. Signature W. O. Brown (M. D. or other)
Address Gen. Hosp #2-601 E. 22 Date signed 7-1-42

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

Mc

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.....

Jerome Manlove

Licensed Embalmer No. *3994*

P. O. Address.....

2573 Highland

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.