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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. 27360

FILED SEP 14 1942

Registration District No. 146 — Primary Registration District No. 3026 — Registrar's No. 211

1. PLACE OF DEATH:

(a) County Jackson City
(b) City or town Independence, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1406 West Alton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

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3. (a) PRINT FULL NAME RAYMOND IRWIN MOORE

3. (b) If veteran, name war ✓ — 3. (c) Social Security No. ✓

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

6. (b) Name of ~~husband~~ or wife Lenora Warneson — 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Juage (Month) 27 (Day), 1889 (Year)

8. AGE: Years 53 — Months 1 — Days 11 — If less than one day ___ hr. ___ min.

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

10. Usual occupation Accountant

11. Industry or business

FATHER
12. Name Guy C. Moore
13. Birthplace Reynolds (City, town, or county), Nebraska (State or foreign country)

MOTHER
14. Maiden name Jennie Dafforey
15. Birthplace Platsmouth (City, town, or county), Nebraska (State or foreign country)

16. (a) Informant Mrs. Lenora Moore
(b) Address 1406 W. Alton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem. H.C.

18. (a) Signature of funeral director Geo. C. Carson
(b) Address Indep. Mo.

19. (a) Aug. 11-42 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 42 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 1941, to Aug 10 1942 that I last saw him alive on Aug 10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia — Duration 10 days

Due to Chronic & Acute Nephritis

Due to Arterio sclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

131 b

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 S Hombry (M. D. or other) MD
Address Indep. Mo. Date signed 8-20-42

#5

1143 (Licensed Embalmer's Statement on Reverse Side)

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address Independence, 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.