

S. No. 2  
M-5-42  
V. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39868**  
Registrar's No. **4592**

FILED DEC 18 1942  
Registration District No. **149**

Primary Registration District No. **1002**

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:  
**3735 State Line**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **35 Years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL.")  
(d) Street No. **3735 State Line**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country: **---**

3. (a) PRINT FULL NAME **Mrs. Alice V. Moore**  
(b) If veteran, name war **No**  
(c) Social Security No. **495-10-2866**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **December** day **8th**  
year **1942** hour **7** minute **15 P. M.**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
(b) Name of husband or wife **Mr. George Delap**  
(c) Age of husband or wife if alive **10** years **1872**

21. I hereby certify that I attended the deceased from **8/17**, 1940, to **Dec. 8**, 1942  
that I last saw her alive on **Dec. 5**, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Arteriosclerosis Encephalomalacia**  
Duration **4-5 years**

8. AGE: Years **70** Months **3** Days **25** hr. **22** min.

Due to **820**  
Due to **820**

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

10. Usual occupation **Tearoom Retired 4 Years**

11. Industry or business **Emery, Bird & Thayer Company**

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.

MOTHER FATHER

12. Name **Barclay Moore**  
13. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Thoda Nead**  
15. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John B. Porter**  
(b) Address **3735 State Line**

17. (a) **Burial** (b) Date thereof **12-10-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **11111 Mt. Moriah Cemetery**

18. (a) Signature of funeral director **D. W. Newcomer, Sona**  
(b) Address **1401 Brush Creek Blvd.**

19. (a) **12-10-42** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

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 **CC Carson M.D.** (M. D. or other)  
Address **242 Plaza Mt. Olive** Date signed **12/19/42**

242 Plaza  
1:30.5.80  
Medical Bldg

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**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.**