

FILED DEC 18 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4454

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:  
Little Sisters of the Poor 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 yrs 3 mo  
(Specify whether years, months or days)  
In this community 2 Years, 3 Months

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. 5331 Highland  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country. ....

3. (a) PRINT FULL NAME GEORGE MOORE

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

4. Sex M le 0 5. Color or face 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 December 3, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 11 27 29 hr. .... min.

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

10. Usual occupation Unemployed

11. Industry or business. ....

MOTHER FATHER { 12. Name Andrew Moore  
13. Birthplace No Record 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Walters  
15. Birthplace No Record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Sr St Thiele

(b) Address 5331 Highland

17. (a) Burial (b) Date thereof 12/2/1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk and Nelson

(b) Address 20 West Linwood

19. (a) 12/1/42 (b) Dr Sr. Crown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30  
year 1942 hour 12: minute 00 :A.M.

21. I hereby certify that I attended the deceased from Nov 17, 1942 to Nov 30, 1942  
that I last saw him alive on Nov 29, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Thrombosis Duration 1 Day

Due to Hypertensive Heart Disease years?

Due to Generalized Atherosclerosis

Other conditions. 930  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations. ....  
Of autopsy. No

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?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury. \_\_\_\_\_

23. Signature John T Skinner (M. D. or other) M.D.  
Address 1402 Bryant Bldg Date signed 12/1/42

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

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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.**