S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 18 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39871

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 4579

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: 3918 Charlotte Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ----
In this community: 37 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.: 2413 College Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ----

48 3 8

3. (a) PRINT FULL NAME: Mr. George Henry Moore
3. (b) If veteran, name war: No
3. (c) Social Security No.: None

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. ~~Annie~~ Moore Fannie
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: August (Month) 21 (Day) 1869 (Year)

8. AGE: Years 73 ~~72~~ Months 3 Days 18 ~~19~~ If less than one day ____ hr. ____ min.

9. Birthplace: Glen County (City, town, or county) Kansas (State or foreign country) /
Usual occupation: Clerk retired
Industry or business: Missouri Pacific R. R.
12. Name: G. Marion Moore
13. Birthplace: Illinois (City, town, or county) (State or foreign country) /
14. Maiden name: Emma DeVilliers
15. Birthplace: England (City, town, or country) (State or foreign country) 4
16. (a) Informant: Mrs. Fannie Moore
16. (b) Address: 2413 College
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 11 1942 (Month) (Day) (Year)
18. Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: D. H. Newcomer's Sons
(b) Address: 1401 Brush Creek Blvd.
19. (a) 12-9-42 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

See by Mother Attendant

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th year 1942 hour 6 minute 35 A. M.
21. I hereby certify that I attended the deceased from Oct. 9-42, 19__, to Dec. 9, 1942, that I last saw him alive on Oct. 15, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral arterio-sclerosis ? Terminal Bronchi-pneumonia / wk — Duration

Due to: 10 ?

Due to:

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.

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? (c) Means of injury:
23. Signature: E. Cantley (M. D. or other)
Address: 1002 Argyle Rd. Date signed: 12-9-42

5481

(Licensed Embalmer's Statement on Reverse Side)

1082 Argyle Blvd
2.5

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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.

State of Missouri } ss.
County of Jackson

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. ?
Local Registrar's No. 4574

On this 24th day of April, 1948, before me appears Helen Jane Moore, who, upon her oath, states that the original record of ~~birth~~ death for George Henry Moore, ~~born~~ died Dec. 9, 1942, in the State of Missouri, and which was filed at Kansas City on 12-9, 1942, should be corrected as follows:

Item No. 6 b should read Fannie Moore
Instead of Annie Moore

Item No. 16 a should read Mrs. Fannie Moore
Instead of " Annie Moore

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Helen Jane Moore Daughter
Relationship.

2413 College K.C. Mo.
Present Address.

Subscribed and sworn to before me this 24th day of April, 1948.

My Commission expires Oct. 21. 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

S-39871