V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1241

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 279

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: 3215 Campbell St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ——— (Specify whether
In this community 2 MO
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Lowry City
(If outside city or town limits, write "RURAL")
(d) Street No. No street #
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Minnie F. Moree
3. (b) If veteran, name war No
3. (c) Social Security No. No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Wm Moree
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 11 (Month) 7 (Day) 1869 (Year)

8. AGE: Years 73 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Henry Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Wesley Holland
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Edgar Moree
(b) Address 3726 Troost Kansas City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lowry City cem, Mo.
18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo
19. (a) 1-19-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jany. day 19th year 1943 hour 7 minute 30 A. M.
21. I hereby certify that I attended the deceased from December 5, 1943, to January 19, 1943; that I last saw her alive on January 17, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Ascites; Edema of lower extremities

Due to Nephritis, chronic, interstitial

Due to 131a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Frank A. Nutting (M. D. or other) M.D.
Address 5406 Indep. Ave. K.C. Mo. Date signed 1/19/43

(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: Fred Wilkins

Licensed Embalmer No. 2478

P. O. Address: Glendale

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.