

FILED MAR 26 1943

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural Prairie  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
RFD - 15 Mi. S.W. Res Summit  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no (Specify whether  
In this community 2 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Rural - Prairie  
(If outside city or town limits, write "RURAL")  
(d) Street No. RFD 3 - 5 Mi. S.W.  
(If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country U

3. (a) PRINT FULL NAME Robert Thomas Moore

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive - years  
7. Birth date of deceased 3-3-1861  
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 2 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Jeremiah Moore  
13. Birthplace Unknown (City, town, or county) Ky. (State or foreign country)  
14. Maiden name Almina Thomas  
15. Birthplace Unknown (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Mrs B.A. Stockton  
(b) Address 4264 East 62. h.e. mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Floral Hills Cem

18. (a) Signature of funeral director Stine + McClure  
(b) Address Kansas City Mo  
19. (a) March 6, 1943 (Date received local registrar) (b) F.M. Schick by Ellis Schick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 5, year 1943, hour 4, minute P M.

21. I hereby certify that I attended the deceased from 3-4, 1943, to 3-5, 1943  
that I last saw him alive on 3-4, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 2 da

Due to \_\_\_\_\_

Due to gfo

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) MD  
Address [Signature] Date signed 3/6/43

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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.....

*J. M. Plant*

Licensed Embalmer No.....

*1848*

P. O. Address.....

*W. G. 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.**