S. No. 2
M—5-42
v. 5-17-
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13316

FILED MAY 5 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1753

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: General Hospital No. 2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-6-43-2-7-43 (Specify whether
In this community 2-6-43- 2-7-43 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. ~~General Hospital No. 2~~ 2205 Highland (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME INFANT MOORE
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race 2 Negro
6. (a) Single, widowed, married, divorced newborn 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 6 (Day) 1943 (Year)

8. AGE: Years | Months | Days | If less than one day 7 hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation infant.
11. Industry or business
FATHER
12. Name William Moore 0
13. Birthplace (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Gloria L. Jones
15. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Record Clerk
(b) Address General Hospital No. 2
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation KC Gen Hospt 2
18. (a) Signature of funeral director Wm L Lohmeyer
(b) Address City Mortician
19. (a) 4-13-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7
year 1943 hour 5:45 minute a. M.
21. I hereby certify that I attended the deceased from February 6, 1943 to February 7, 1943
that I last saw him alive on February 7, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	
Due to 159	
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? (e) Means of injury 0
23. Signature G. A. Sherrill (M. D. ~~or other~~)
Address Gen. Hosp #2-600 E 22 Date signed 4-7-43

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(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.....

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.