V. S. No. 2
00M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17068

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 2063

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: Conley Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: 1, day

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson 48
(c) City or town: K-C 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 1657 Summit 8
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
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: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: April 30, 1943 (Month) (Day) (Year)
8. AGE: Years | Months | Days 1 | If less than one day hr. min.
9. Birthplace: Kansas City (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation: None
11. Industry or business: None
12. FATHER Name: Fred Moore
13. FATHER Birthplace: Kansas 1 (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: Pansy Heitzman
15. MOTHER Birthplace: Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Fred Moore
(b) Address: 1657 Summit
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 3, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn
18. (a) Signature of funeral director: C.H.Blackman & Son, Inc., Kansas City, Mo
(b) Address
19. (a) 5-3-43 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1943 hour 11:00 minute P. M.
21. I hereby certify that I attended the deceased from birth, 19..., to ..., 19...; that I last saw him alive on May 1 43; and that death occurred on the date and hour stated above.

Immediate cause of death: respiratory failure in a pre-viable or immature infant. — Duration
Due to: premature birth
Due to: early rupture of membranes
Other conditions: none 19 (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
23. Signature: Arthur W. Dreyfus (M. D. or other)
Address: 2105 Mass. Ave. Date signed: 5/8/43

(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.....

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.