

**AUG 11 1943** 149  
Registration District No. ....

Primary Registration District No. **1002**

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:  
**St. Luke's Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 mo.**  
(Specify whether **lifetime**)

In this community **lifetime**  
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. **10 W. 74th St.**  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **ROBERT MOORE**

3. (b) If veteran, name war **World War I**

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 **Alma**

6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **November 4 1888**  
(Month) (Day) (Year)

8. AGE: Years **54** Months **8** Days **24**  
If less than one day hr. min.

9. Birthplace **Kansas City Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Traffic Engineer**

11. Industry or business

12. Name **Robert Moore**

13. Birthplace **Philadelphia Pa**  
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Conboy**

15. Birthplace **New Jersey**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Charles Moore**

(b) Address **10 W. 74th St.**

17. (a) **Burial** (b) Date thereof **7/30/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's Cemetery**

18. (a) Signature of funeral director **Emilio and Tobias C.**

(b) Address **20 West Linwood K.C., Mo.**

19. (a) **7-30-43** (b) **R. E. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July 28** day **28th**  
year **1943** hour **1:** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **July 12 1943** to **July 28 1943**  
that I last saw **her** alive on **July 28 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Bronchus**

Due to **47c**

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **Carcinoma of Bronchus**

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 **R. E. Brown** (M. D. or other) **M.D.**  
Address **R. E. Brown** Date signed **7/30/43**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

AUG 17 1943

NOV 19 1943

NOV 9 1943

**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.**