

FILED OCT 13 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County KANSAS

(b) City or town JACKSON  
KANSAS CITY

(c) Name of hospital or institution:  
front of 304 ELLIOTT KCMO  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")

(d) Street No. 5316 OAK ST.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MOORE, ALBERT DANIEL

3. (b) If veteran, name World War

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 27  
year 1943 hour 12:45 P.M.

21. I hereby certify that I attended the deceased from born to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of hair Wh 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 17, 1893  
(Month) (Day) (Year)

Immediate cause of death Choking throat

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 50 Months 2 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Real Estate

11. Industry or business \_\_\_\_\_

12. Name Melton Moore

13. Birthplace Fayette Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Burgess

15. Birthplace Western Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Louise Moore

(b) Address 5316 Oak St, KCMO

17. (a) Burial (b) Date thereof 9-23, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Suddarth

(b) Address KCMO

19. (a) 9-29-43 (b) J. E. Brown, dep.  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy see above

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] 3 9/27/43 M.D. or other \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

MOTHER FATHER

