

FILED JAN 4 1944

Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County: Buchanan
(b) City or town: St. Joseph
(c) Name of hospital or institution: State Hosp. No. 2
(d) Length of stay: In hospital or institution: 2 years / mts / days
In this community: 2 years / mts / days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jackson
(c) City or town: Karle City
(d) Street No.: 718 West 17th St.
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME

IDA MOORE

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

4. Sex: FEM. 5. Color or race: white 6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: Jan. 13 1874
(Month) (Day) (Year)

8. AGE: Years: 69 Months: 10 Days: 10 If less than one day: _____ hr. _____ min.

9. Birthplace: Mo. unknown (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: _____

12. Name: James Mc. Clive

13. Birthplace: Mo. unknown (City, town, or county) Mo. 0 (State or foreign country)

14. Maiden name: Eliza Hill

15. Birthplace: Mo. unknown (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Mrs. G. Parker Daugherty

(b) Address: 2249 Prospect K. G. Mo.

17. (a) BURIAL (b) Date thereof: NOV. 25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: LATHROP, Mo.

18. (a) Signature of funeral director: DeMOSS, CRUNK.

(b) Address: LATHROP, Mo.

19. (a) 11-25-43 (b) Joe Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 23
year: 1943 hour: 11 minute: 40 A.M.

21. I hereby certify that I attended the deceased from Nov. 20 1943, to Nov. 23 1943
that I last saw her alive on Nov. 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho Pneumonia
Anemia
Due to: Myocarditis

Other conditions: _____
(Include pregnancy within 5 months of death)

Major findings: Of operations: 93el
Of autopsy: _____

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)
(x) Means of injury: _____

23. Signature: G. G. G. (M, D, or other)
Address: State Hospital #1000 Date signed: 11/23/1943

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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

Demoss Crunk

Registered Apprentice No.

working under my personal supervision.

Signed

Demoss Crunk

Licensed Embalmer No.

26-33

P. O. Address

2474 ROP. 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.