

FILED JAN 6 7 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 3014

Registrar's No. 88

1. PLACE OF DEATH:  
(a) County Clay  
(b) City or town Liberty  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
210 Ridge Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no (Specify whether  
In this community all his life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Clay  
(c) City or town Liberty  
(If outside city or town limits, write "RURAL")  
(d) Street No. 210 Ridge Avenue  
(If rural, give location)  
(e) Citizen of foreign country? x (Yes or No)  
If yes, name country x

3. (a) PRINT FULL NAME William H. Moore  
3. (b) If veteran, name war no. 3. (c) Social Security No. 499-16-0457

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 7th  
year 1943 hour 8:00 minute a. m.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mrs. Lucille Fulton Moore  
6. (c) Age of husband or wife if alive dec. years  
7. Birth date of deceased September 27 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 7 1943 to Dec 7 1943  
that I last saw him alive on Dec 7 1943  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>2</u>	<u>11</u>	hr. min.

Immediate cause of death  
Coronary Embolism  
Due to Broncho Pneumonia 4 hrs

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

Other conditions (include pregnancy within 3 months of death) 94a

10. Usual occupation Secretary

11. Industry or business Livestock Exchange  
12. Name William F. Moore  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Elna Chick  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Lewis B. Dougherty  
(b) Address 210 Ridge Ave., Liberty, Mo.

17. (a) Burial (b) Date thereof 12-9-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Washington Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Stine & McClure  
(b) Address 3235 Gillham Plaza, K. C., Mo.

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Burton Mally (M. D. or other) MD  
Address Liberty Mo Date signed 12-9-43

19. (a) Dec 8-43 (b) Nelen Early  
(Date received local registrar) (Registrar's signature)

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

24  
3  
1

JAN 7 1944

RECEIVED  
FEB 1 1944  
Floor No. 8  
1-5-43

Dr. Burton Maltry,

*Burton Maltry*  
*(Call from list)*

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 *John L. Hurley*  
Licensed Embalmer No. *4058*  
P. O. Address *Kansas City 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.