

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6229
Registrar's No. 102823

FILED MAR 6 1944/9

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, mo

(c) Name of hospital or institution 5409 Paseo 1
(If not in hospital or institution, write street number or location)

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town 5409 Paseo
(If outside city or town limits, write "RURAL")

(d) Street No. Kansas city mo
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mr Charles Thomas Moore

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18 year 1944 hour 8:30 minute pm M.

21. I hereby certify that I attended the deceased from Dec 15, 1940 to Feb. 18, 1944

that I last saw him alive on Feb. 14, and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Adah Moore

6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased no member 1 1867
(Month) (Day) (Year)

Immediate cause of death Pulmonary Haemorrhage Duration Inst.

Due to Carcinoma of Bronchus 3+ Mo.

Other conditions None.
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

76 3 18 7 hr. min.

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

10. Usual occupation Branch Sales manager

11. Industry or business Cinn. Time Recorder Co

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

Major findings: None

Of operations None

Of autopsy None

PHYSICIAN JTC

Underline the cause to which death should be charged statistically.

16. (a) Informant Charles Thomas jr

(b) Address 5409 Paseo

17. (a) Burial (b) Date thereof 2-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Detroit, Michigan

18. (a) Signature of funeral director Melody Mc Kelly

(b) Address K.E. Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 _____

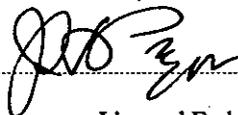
23. Signature T. E. Brown (M. D. _____)

Address 2243 Plaza Mac Bee Date signed 2/18/44

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.....

2999

P. O. Address.....

KC

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.