

Registration District No. 1049

Primary Registration District No. 1002

Registrar's No. 1466

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: TRINITY LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days) 10 yrs

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. 3301-BENTON BLVD.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DAVID LEE MOORE

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 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 MAY 9 1933
(Month) (Day) (Year)

8. AGE: Years 10 Months 10 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace K.C. Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation student

11. Industry or business Delano School

MOTHER FATHER { 12. Name ROBERT C. MOORE
13. Birthplace Mont. Machal County Kansas (City, town, or county) (State or foreign country)
14. Maiden name FLORENCE WARNER
15. Birthplace K.C. Mo. (City, town, or county) (State or foreign country) Mo.

16. (a) Informant Mrs. Joyce Moore
(b) Address 3301 Benton

17. (a) Burial (b) Date thereof 4-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director D. H. Newcomer's done
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) April 3-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 1ST
year 1944 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from Mar 24, 1944 to Mar 31, 1944,
that I last saw him alive on Nov 31, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute appendicitis Duration 1 1/2 hrs

Due to Chronic appendicitis 1 yr

Due to _____

Other conditions Paralysis lower extremities 10 yrs
(Include pregnancy within 3 months of death)

Major findings: Chronic appendicitis with extensive adhesions
Of operations _____
Of autopsy _____

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 E. W. Shisher (M. D. or other) _____
Address 900 Rialto Bldg Date signed 4-1-44

900 Sparks Building
12-3

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kemo

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.