S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 22 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30237

Primary Registration District No. 1002

Registrar's No. 3614

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:
419 MARSH AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- 1 (Specify whether
In this community 52 YEARS
years, months or days)

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. 419 MARSH AVENUE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country -- 0

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3. (a) PRINT FULL NAME MRS. LULU MARIE MOYER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex 1 FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 2 WIDOWED

6. (b) Name of husband or wife MR. WILLIAM H. MOYER

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

7. Birth date of deceased OCTOBER (Month) 17 (Day) 1874 (Year)

8. AGE: Years 69 Months 10 Days ~~18~~ 17 If less than one day hr. min.

9. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business --

FATHER
12. Name THOMAS JOYCE
13. Birthplace WAUKEGAN (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name CHARLOTTE DEWEESE
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant Lester W Moyer
(b) Address 2608 Indip Ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT-6-1944 (Month) (Day) (Year)

(c) Place: burial or cremation GREEN LAWN CEMETERY

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

19. (a) 9-6-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 4TH year 1944 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Aug 29, 1944, to Sept 4, 1944, that I last saw her alive on Sept 4, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	2 days
Due to: Chronic myocardial insufficiency	1 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death) 93	

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Virgil L. Hawkins (M. D. or other) D.O.
Address Park Bldg, Indep, Mo. Date signed 9-6-44

(Licensed Embalmer's Statement on Reverse Side)

204 Carl Bldg. - Ind, Mo

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 H O Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K. C. 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.