

FILED NOV 14 1944
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4451

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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether)

In this community 2 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3312 Bales 8
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Carol Florence Moore

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

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 September 21, 1944
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	- -	- -	2	hr. min.

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

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER { 12. Name Eugene J. Moore

{ 13. Birthplace Kansas City, Mo.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Josephine Irene Barker

{ 15. Birthplace Kansas City, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene J. Moore

(b) Address 3312 Bales

17. (a) Burial Mt. Moriah Cem. (b) Date thereof 9-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Mo.

19. (a) 11-4-44 (b) R. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23
year 1944 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 21, 1944 to 9-23, 1944
that I last saw him alive on Sept. 21, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Stomach unknown

Due to

Due to

Other conditions 200 w.
(Include pregnancy within 3 months of death)

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Yes (Specify type of place)

(e) Means of injury Stomach unknown

23. Signature R. E. Brown (M. D. or other) MD
Address 111 W. ... Date signed 11/4/44

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.