

FILED OCT 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33328**

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **4012**

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:
2641 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one year
In this community 30 years in Kansas City
years, months or days

3. (a) PRINT FULL NAME William T. Moore
3. (b) If veteran, name war no.
3. (c) Social Security No. no.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased November 19 1856
(Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 18/15
If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business X

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)

16. (a) Informant F. E. Moore,
(b) Address 3031 Troost, Kansas City, Mo.

17. (a) Cremation (b) Date thereof 10-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

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

19. (a) 10-6-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

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. 2641 Forest
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4th
year 1944 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from July 4th 1944 to Oct 4th 1944
that I last saw him alive on Oct 4th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial insufficiency & failure
Due to Hypertensive cardio-vascular disease
Duration 4 mo.?

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings: Of operations 93d
Of autopsy 93d
PHYSICIAN 93d
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 Clair B. Harris (M. D. or other) M.D.
Address Unit 4 Lutheran Hosp KC Mo. Date signed 10-6-44

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

Dr. Jas. Tesson

Rid to Bldg Vic 2389

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

E. M. Planch

Licensed Embalmer No. *1848*

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.