

V. S. No. 2
DOM-8-43
Rev. 5-17-39
PI X37823

FILED JAN 11 1945
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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:
2408 Michigan
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. Over five years. (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Edward Moore

3. (b) If veteran, name war no

3. (c) Social Security No. 496-09-4818

4. Sex Male 5. Color or race Negro

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

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

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

7. Birth date of deceased April, 24 1885
(Month) (Day) (Year)

8. AGE: 59 Years 8 Months 3 Days If less than one day
hr. min.

9. Birthplace Dont know Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Henry Moore

13. Birthplace Dont know Va.
(City, town, or county) (State or foreign country)

14. Maiden name Dont know

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

16. (a) Informant Harlie Moore

(b) Address 2408 Michigan

17. (a) Burial (b) Date thereof Jan 1, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation First Wesleyan Church

18. (a) Signature of funeral director W. E. Appleton

(b) Address 1905 1/2 E. 27th

19. (a) 12-28-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Jackson

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

(d) Street No. 2408 Michigan
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
year 1944 hour 5; A. M. minute _____ M.

21. I hereby certify that I attended the deceased from _____
Deputy Coroner 19____
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Ulcers of Stomach perforating

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 117 a

Major findings: Of operations _____

Of autopsy History Inspection

Duration _____

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 L. P. Richardson (M. D. or other) _____
Address 1837 Vine Date signed 12-28-44

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: *O. H. West*

Licensed Embalmer No. *2710*

P. O. Address: *Kansas City*

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.