

FILED JAN 26 1945

Registration District No. 1799

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH: Jackson

(a) County: Kansas City

(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1210 East 16th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1
(Specify whether years, months or days)

In this community: 27 years
(Specify whether 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. 1210 East 16th St. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Bennie D. Moore

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Fe 3 5. Color or race: Col

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: February 1, 1912
(Month) (Day) (Year)

8. AGE: Years: 32 Months: 11 Days: 16 If less than one day: _____ hr. _____ min.

9. Birthplace: Clarksville Texas
(City, town, or county) (State or foreign country)

10. Usual occupation: Housework

11. Industry or business: _____

MOTHER FATHER { 12. Name: Henry Moore

13. Birthplace: Texas
(City, town, or county) (State or foreign country)

14. Maiden name: Eva Haley

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

16. (a) Informant: Eva Moore

(b) Address: 1210 East 16th St.

17. (a) burial (b) Date thereof: 1/11/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Lincoln Cemetery

18. (a) Signature of funeral director: Mathews Bros.

(b) Address: 1729 Lydia

19. (a) 1-11-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 3th
year: 1945 hour: 6:30 minute: P. M.

21. I hereby certify that I attended the deceased from Jan 3-45
to Jan 7 1945
that I last saw her alive on Jan 7 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Labor Pains

Due to: Post operative Hemorrhage (uterus)

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Of operations: _____

Of autopsy: _____

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: D. E. Brown (M. D. of other) _____
Address: 1729 E 12 Date signed: Jan 10-45

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

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.....

S. J. Manlove

Licensed Embalmer No.....

3994

P. O. Address.....

2503 Highland

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.