S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26540

State File No.

FILED SEP 10 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 35637

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~~: K.C.T.B. HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 2 MOS - 5 days (Specify whether years, months or days)

In this community 3 YRS

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. 1700 PROSPECT AVENUE
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: MOORMAN, JAMES MARION

3. (b) If veteran, name war: NO

3. (c) Social Security No. 407-10-5986

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of ~~husband or~~ wife: MOORMAN, KATHRYN

6. (c) Age of husband or wife if alive: 35 years

7. Birth date of deceased: MARCH (Month) 6 (Day) 1908 (Year)

8. AGE: Years 44 Months 5 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace: SO. CARROLTON (City, town, or county) KENTUCKY (State or foreign country)

10. Usual occupation: ELECTRICIAN

11. Industry or business:

FATHER
12. Name: MOORMAN, JAMES
13. Birthplace: SO. CARROLTON (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name: BEULEE REYNOLDS
15. Birthplace: REYNOLDS STATION (City, town, or county) OHIO (State or foreign country)

16. (a) Informant: K.C.T.B. HOSPITAL

(b) Address: LEEDS, MISSOURI

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: AUG-25-1945 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ OWENSBORO, KENTUCKY

18. (a) Signature of funeral director: D. H. Newcomer's Sons

(b) Address: 1401 BRUSH CREEK BLVD.

19. (a) 8-26-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 25TH year 1945 hour 4 minute 00 AM M.

21. I hereby certify that I attended the deceased from June 20, 1945, to Aug 25, 1945 that I last saw him alive on Aug 25, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	3 Years
Due to	
Due to	
Other conditions (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? (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: D. L. Coffman (M. D. or other) M.D.

Address: Kansas City, Mo. Date signed 8-25-45

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Calhoun

Licensed Embalmer No. 350-6

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.