7. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32817

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4508

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~~: MENORAH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital ~~or institution~~ 3 - HOURS (Specify whether years, months or days)
In this community 36 YEARS

2. USUAL RESIDENCE OF DEECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 2718 LINWOOD BLVD.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME MR. JACK F. MOORE
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband or wife~~ MRS. THOMSON MARY FRANCES MOORE
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased JANUARY - 29 - 1909 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
36	~~10~~ 9	1	hr. min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation SGT. - TRAFFIC DEPARTMENT
11. Industry or business K.C. POLICE DEPARTMENT
FATHER
12. Name SYLVESTER MOORE
13. Birthplace SPRINGFIELD (City, town, or county) ILLINOIS (State or foreign country)
MOTHER
14. Maiden name METTA POLK
15. Birthplace WINSTON (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant MRS. MARY FRANCES THOMSON MOORE
(b) Address 2718 LINWOOD BLVD.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV-1-1945 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ MT. MORIAH CEMETERY
18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 11-1-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 30TH year 1945 hour 1 minute 03 P.M.
21. I hereby certify that I attended the deceased from July 3, 1941, to Oct 30, 1945; that I last saw him alive on Oct 30, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Embolism	6 hrs
Due to Rheumatic Heart Disease	years
Due to	
Other conditions Right Hemiplegia	6 hrs
(Include pregnancy within 3 months of death) Cor Bovis	years

Major findings:
Of operations 95 b
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 Nan C. Lapp (M. D. ~~or other~~)
Address 1103 Grand Date signed 10-31-45

361 (Licensed Embalmer's Statement on Reverse Side)

1314 Professional Bldg
2-4-30

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 Oscar Worthey

Licensed Embalmer No. 1767

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.