

FILED NOV 7 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4352

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:
820 Brighton /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 65 years (Specify whether
In this community 65 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 820 Brighton 8
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME SARA BUCKNER MOORE

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Fe. / 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Basil F. 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased Sept. 26, 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 25 If less than one day hr. min.

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

10. Usual occupation Homemaker

11. Industry or business None

12. Name Unknown

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

14. Maiden name Elizabeth Higging

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

16. (a) Informant Wm. D. Price

(b) Address 514 Bellefontaine

17. (a) Burial (b) Date thereof 10/24/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Florel Hills Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son,
Kansas City, Mo.

(b) Address

19. (a) 10-23-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 21
year 1945 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from October 9
1945, to Oct 21, 1945
that I last saw her alive on Oct 21, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar pneumonia 2 wks

Due to Myocarditis 1 mo
Chronic nephritis 3 mo

Due to arteriosclerosis 3 mo

Other conditions (Include pregnancy within 3 months of death)

Major findings: 108
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?

(Specify type of place) Inc while at work? (a) Means of injury O

23. Signature Don Hugo (M. D. or other) M.D.
Address 925 Argyle Blvd. E. M. Date signed 10-23-45

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

68
3
8

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..... *W. D. Blackman*

Licensed Embalmer No. *3639*

P. O. Address..... *R. 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.