

FILED OCT 22 1945

State File No. ....

Registration District No. ....

Primary Registration District No. 1000 10

Registrar's No. 1119

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Mo. Methodist Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 4 days  
(Specify whether years, months or days)

In this community 63 years  
(Month) (Day) (Year)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //

(c) City or town St. Joseph /  
(If outside city or town limits, write "RURAL") /

(d) Street No. 2321 Faraon /  
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME Leona Whipple Moore

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13th  
year 1945 hour 11 minute 05 P. M.

4. Sex female / 5. Color or race white

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

6. (b) Name of husband or wife Elijah C. Moore

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased July 3 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 11 1945 to Oct 13 1945;  
that I last saw him alive on Oct 13 1945;  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
73	3	10	hr. min.

Immediate cause of death:  
Arteriosclerosis general  
Hemiplegia, right

Duration 9-11-45

9. Birthplace Wilkes Barre Pa. /  
(City, town, or county) (State or foreign country)

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

10. Usual occupation at home

11. Industry or business .....

MOTHER FATHER {

12. Name James W. Whipple

13. Birthplace Wilkes Barre Pa. /  
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Santee

15. Birthplace Wilkes Barre Pa. /  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations 97

Of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Elijah C. Moore  
(b) Address 2321 Faraon

17. (a) burial (b) Date thereof 10/16/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

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? .....

18. (a) Signature of funeral director *skator Betole & Bowman*  
(b) Address 319 South 10th

19. (a) 10/19/1945 (b) *J. H. Westphal*  
(Date received local registrar) (Registrar's signature)

(Specify type of place) .....

While at work? .....

(e) Means of injury .....

23. Signature *L. L. Lewis M.D.* (M. D. or other) .....

Address *St. Joseph Mo.* Date signed 10-14-45

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

