S. No. 2
M—5-43
. 5-17-39
D I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36311

FILED NOV 26 1945

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4599

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: R.C. CONVALESCENT HOME 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 DAYS (Specify whether years, months or days)
In this community 33 years

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. 5914 FOREST AVENUE 8
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FOLSOM 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 widowed
6. (b) Name of husband or wife Carrie Moore
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 23 (Day) 1875 (Year)

8. AGE: Years 70 Months 1 Days 13 If less than one day hr. min.

9. Birthplace Albany (City, town, or county) Missouri (State or foreign country)
10. Usual occupation retired
11. Industry or business
FATHER 12. Name John W. Moore
FATHER 13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER 14. Maiden name Fannie Stapp
MOTHER 15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mr. Dixie A. Moore
(b) Address 5914 Forest Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director O. N. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 11-7-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 6 Th year 1945 hour 3 minute 4 M.
21. I hereby certify that I attended the deceased from about June 1 1936, to Nov. 5 1945; that I last saw him alive on Nov. 5 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Tabes dorsalis	Duration about 20 years
Due to	
Due to 30 W	
Other conditions Very bad heart lesion (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 James N. Graham (M. D. or coroner)
Address 518 Argyle Bldg. Date signed 11-6-45

(Licensed Embalmer's Statement on Reverse Side)

5/8 Argyle Bldg
1:30-4:30

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 Earl Rapp

Licensed Embalmer No. 23458

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 embalm[illegible]act should be so stated above.