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

1149

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 1626

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 20

**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: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 36 years
years, months or days)

**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. 4025 Warwick Boulevard 8
(If rural, give location)

(e) Citizen of foreign country? no. 0 (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Emil Wirt Moore

3. (b) If veteran, name war no.

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 4

6. (b) Name of husband or wife Clara L. Moore

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

7. Birth date of deceased January (Month) 22 (Day) 1864 (Year)

8. AGE: Years 81 Months 11 Days ~~12~~ 11 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Investments

11. Industry or business x

FATHER
12. Name J. H. Moore
13. Birthplace unknown, 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name 11
15. Birthplace 11 9 (City, town, or county) (State or foreign country)

16. (a) Informant Joseph S. Moore,

(b) Address 4025 Warwick Blvd., K. C., Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-4-46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-3-46 (Date received local registrar) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 3 year 1946 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from 12-29-45, 19, to 1-3-46, 19; that I last saw him alive on 1-2-46, 1PM, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure + pulmonary congestion c pneumonia Bronchial

Due to

Due to

Other conditions Prostatic Hypertrophy c obstruction
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 107

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)

While at work? (e) Means of injury 0

23. Signature Thos. E. McMillan (M. D. or other)

Address 1019 Prof. Bldg Date signed 1-3-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lee Hoffman

## 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 S. J. Allen

Licensed Embalmer No. 1416

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.**