

**FILED** JAN 21 1946  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1005

1. PLACE OF DEATH: **Jacks on**  
(a) County **Kansas City**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1131 East 66th Street /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **no.**  
In this community **65 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson, 48**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1131 East 66th Street,**  
(If rural, give location) **0**  
(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country **X**

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **George L. Moore**  
3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

20. DATE OF DEATH: Month **January** day **4**  
year **1946** hour \_\_\_\_\_ minute **A.** M.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mrs. Lotta Moore** 6. (c) Age of husband or wife if alive **75** years  
7. Birth date of deceased **May 17 1867**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 17 1946** to **May 17 1946**  
that I last saw **him** alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

8. AGE: Years **78** Months **7** Days **18-17** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death **apoplexy** Duration **2 days**  
Due to **Chronic nephritis 4rs**  
**Chronic myocarditis 3rs**

9. Birthplace **Massachusetts** (City, town, or county) (State or foreign country)  
10. Usual occupation **Retired**

Due to **Arteriosclerosis**  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business **X**  
12. Name **Lorin Moore,**  
13. Birthplace **Massachusetts** (City, town, or county) (State or foreign country)  
14. Maiden name **Murva Aldrich**  
15. Birthplace **Massachusetts** (City, town, or county) (State or foreign country)

Major findings: **131.5**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant **Mrs. Lotta Moore,**  
(b) Address **1131 E. 66th St., Kansas City, Mo.**  
17. (a) **burial** (b) Date thereof **1-7-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation **Forest Hill Cemetery**  
18. (a) Signature of funeral director **Stine & McClure,**  
(b) Address **3235 Gillham Plaza, K. C., Mo.**  
19. (a) **1-5-46** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury **0**  
23. Signature **G. H. Haeberling** (M. D. or other) \_\_\_\_\_  
Address **1020 West 13th** Date signed **1/7/46**

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

4158

*See at ...  
Lumpkin Hospital*

Dr. Hallberg

**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 Robert H. Reed  
Licensed Embalmer No. 3745  
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.**