

**FILED FEB 11 1948**

Registration District No. **1002**

Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**

(a) County **Jackson**

(b) City or town **Kansas City Mo**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1106 Highland**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **27 yrs.**  
(Specify whether years, months or days)

In this community **27 yrs.**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson** **48**

(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1106 Highland** **8**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Horace Moore**

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

3. (c) Social Security No. **495-03-6959**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **26** year **1946** hour **2** minute **57** M.

21. I hereby certify that I attended the deceased from **2** to **26** 19**46**

that I last saw him **alive on** **Jan 26 1946** and that death occurred on the day and hour stated above.

Immediate cause of death **Lobar Pneumonia**

Due to **La grippe**

Due to **osteocachexia**

Other conditions **osteocachexia**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **33**

Of autopsy \_\_\_\_\_

4. Sex **m** 5. Color or race **col**

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

6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased: **Jan 19 1882**  
(Month) (Day) (Year)

8. AGE: Years **64-63** Months **5** Days **7** If less than one day hr. min.

9. Birthplace **Dallas Tex.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **William moore**

13. Birthplace **dallas Tex.**  
(City, town, or county) (State or foreign country)

14. Maiden name **unk**

15. Birthplace **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Lula Moore**

(b) Address **1106 Highland**

17. (a) **Burial** (b) Date thereof **Jan 31 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland**

18. (a) Signature of funeral director **P. B. Wark**

(b) Address **1229 Sydney**

19. (a) **1-30-46** (b) **Walden Holmes**  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **P. U. Miller** (M. D. or other) **1-30-46**

Address **1203 Passo** Date signed \_\_\_\_\_

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

MOTHER FATHER

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

*Dr. S. V. Miller*

**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 *J. Jerome Maulow*  
Licensed Embalmer No. *3994*  
P. O. Address *2523 Highland*

**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.**