

FILED MAY 9 1946
Registration District No. **646**

Primary Registration District No. **5568**

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

1. PLACE OF DEATH:
 (a) County Jackson *Blue Jup.*
 (b) City or town Kansas City *(Rural)*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
11206 E. 10th /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 26 years _____ (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson **48**
 (c) City or town Rural /
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3207 Donnelly /
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Theodore 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 Married
 6. (b) Name of husband or wife Florence 6. (c) Age of husband or wife if
 alive 78 years
 7. Birth date of deceased August 23, 1862
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 7
 year 1946 hour 1 minute 03 A.M.
 21. I hereby certify that I attended the deceased from July 15, 1946, to April 7, 1946
 (that I last saw him alive on April 7, 1946;
 and that death occurred on the date and hour stated above.)

8. AGE: Years 83 Months 7 Days 14 If less than one day
 hr. min.

Immediate cause of death Chronic Myocarditis **1 year**
 Due to Arteriosclerosis **20 years**
 Due to Chronic nephritis **20 years**
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Linn Mo
 (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business Retired
MOTHER FATHER
 { 12. Name James Moore
 { 13. Birthplace Mo 0
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Eliza Phillips
 { 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
17 1/2

16. (a) Informant Mrs. Elsie Dunn /
 (b) Address 11206 E. 10th
 17. (a) Removal (b) Date thereof 4/8/46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Linn, Mo.
 18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
 (b) Address Kansas City, Mo.
 19. (a) Apr. 27-1946 (b) James A. Black
 (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?

 _____ (Specify type of place)
 _____ (e) Means of injury 2
 23. Signature Paul T. Moore (M. D. or other) Do
 Address 6508 E. 37th K.C. 3 Mo. Date signed 4-8-46

6500 E 37th

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..... *Carroll J. Chels*

Licensed Embalmer No..... *3473*

P. O. Address..... *16000*

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.