

S. No. 2
M-5-43
5-17-39
I X36871

FILED JUN 3 1946
149

State File No. _____
Registrar's No. 2280

Registration District No. _____ Primary Registration District No. 1002

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: 4
Mary's Rest Home 3215 Campbell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 months
(Specify whether _____)

In this community since 1919
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 4111 Oak 8
(If rural, give location) 0

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

If yes, name country No.

3. (a) PRINT FULL NAME ELLA MOORE

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1946 hour 7:30 AM minute _____ M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Joseph Moore (Deceased) alive _____ years

6. (c) Age of husband or wife if _____

7. Birth date of deceased November 1 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 17 1946 to May 22 1946
that I last saw her alive on May 8 1946
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>6</u>	<u>21</u>	_____ hr. _____ min.

Immediate cause of death Periphral Circulatory failure

Due to Arterial Sclerosis

Due to _____

9. Birthplace Stoughton, Wisconsin
(City, town, or county) (State or foreign country)

Other conditions Senile Dementia
(Include pregnancy within 3 months of death)

10. Usual occupation House

11. Industry or business House

Major findings:

Of operations _____

Of autopsy 97

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name James Finnegan

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde W. Moore 1

(b) Address 8109 Wilson Ave. K. C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

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? _____

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. Mo

19. (a) 5-22-46 (Date received local registrar)

(b) Geraldine Holmes (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Gordon DeStevens 00 2 or other _____

Address 1103 E. Armour Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
15647

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 Chas E. Welks

Licensed Embalmer No. 2644

P. O. Address Kansas City 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.