

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

State File No.

Registrar's No.

FILED OCT 8 1946

Registration District No. 149

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:  
General Hospital No. 10  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 mos., 4 days  
(Specify whether  
In this community 5 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3335 Campbell  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME MARGARET Anna Moore

3. (b) If veteran, name war no  
3. (c) Social Security No. 573-10-9625

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Michael Moore 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased Feb. 20, 1898  
(Month) (Day) (Year)

8. AGE: Years 48 Months 7 Days 6  
If less than one day hr. min.

9. Birthplace Shrewsbury W. Va.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name James De Vane

13. Birthplace Scranton Pa.  
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Dorsey

15. Birthplace White Sulphur W. Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Michael Moore

(b) Address 3335 Campbell, K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John J. Magally - Taylor

(b) Address Kansas City, Mo.

19. (a) 9-27-46 (Date received local registrar) (b) J. Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26  
year 1946 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 22, 1946, to Sept. 26, 1946  
that I last saw her alive on Sept. 26, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pharynx

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 458

Major findings: Of operations

Of autopsy See above

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 Wm W. Hart (M. D. or other) MD  
Address Med. Dir. Gen'l Hosp Date signed 9-27-46

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

MOTHER FATHER

*Dr. Hicks*

---

---

**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..... *Glenn E. Heck* .....

Licensed Embalmer No. *4063* .....

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.**