

FILED AUG 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 24305

Registrar's No. 3166

Registration District No. 147

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**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **30 minutes**
 (Specify whether
 In this community **3 years**
 years, months or days)

3. (a) PRINT FULL NAME **James Wallace Moore**
 3. (b) If veteran, name war **World War #2**
 3. (c) Social Security No. **479-10-7838**

4. Sex **Male** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **single**
 6. (b) Name of husband or wife. **X**
 6. (c) Age of husband or wife if alive **X** years
 7. Birth date of deceased **August 29 1914**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 10 27
 hr. min.

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

10. Usual occupation **Machinist**

11. Industry or business **X**

12. Name **James S. Moore**

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

14. Maiden name **Katherine Zweifel**

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

16. (a) Informant **Mrs. Katharine E. Moore,**

(b) Address **2941 Forest, Kansas City, Mo.**

17. (a) **burial** (b) Date thereof **7-29-47**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chillicothe, Missouri**

18. (a)* Signature of funeral director **Stine & McClure**

(b) Address **3235 Blinnham Plaza, K. C., Mo.**

19. (a) **7-28-47** (b) **Seraldine Holman**
 (Date received local registrar) (Registrar's signature)

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. **2941 Forest**
 (If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No)
 If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **26**
 year **1947** hour **8:00** minute **P** M.

21. I hereby certify that I attended the deceased from **Coroner** 19 **to** 19
 that I last saw him alive on **Coroner** 19
 and that death occurred on the date and hour stated above.

Immediate cause of death **Gun shot wound of head**

Due to

Due to

Other conditions: **1104 C**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy **History & Inspection**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Suicide**

(b) Date of occurrence **7-26-47**

(c) Where did injury occur? **1111 Jackson mo**
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Jan home

While at work? **no** (Specify type of place) (e) Means of injury **45 pistol**

23. Signature **James Wallace Moore** (M. D. or other) **Con**

Address **1924 my way** Date signed **7-27-47**

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

MOTHER FATHER

JUN 12 1948

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. Clair Sheppard*
.....
Licensed Embalmer No. *4129*
P. O. Address *T. C. Me.*

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.