S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

38325

State File No.

FILED NOV 29 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4804

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

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: 1846 Holly
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 22 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 1846 Holly
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Alice Moore

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Moore

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

7. Birth date of deceased Sept. 4, 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	2	10	hr. min.

9. Birthplace Des Moines Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frank Perkins
13. Birthplace No Record
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Roller
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Bullard
(b) Address 1846 Holly

17. (a) Burial (b) Date thereof 11-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director Turk & Tobin
(b) Address 20 W. Linwood

19. (a) 11-17-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14
year 1947 hour 12:15 minute P M.

21. I hereby certify that I attended the deceased from November 8, 1947 to November 14, 1947
that I last saw her alive on November 14, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ventricular Fibrillation	
Due to Coronary Heart Disease	
Due to Generalized Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94	
Of autopsy	

PHYSICIAN

Underline the cause of which death should be charged statistically.

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)

While at work (e) Means of injury 0

23. Signature Richard J. Lehner (M. D. or other) M.D.

Address 4301 Main Kansas City Mo Date signed Nov 15 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Francis L. Fisher Registered Apprentice No. 47, working under my personal supervision.

Signed Howard W. Farmer

Licensed Embalmer No. 4134

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.