S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41819

FILED JAN 13 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5522

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: 2511 College (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community 60 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City, Mo. (If outside city or town limits, write "RURAL") 3
(d) Street No. 2511 College (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM C. MOREE
3. (b) If veteran, name war no
3. (c) Social Security No. Unk.
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie Wells Moree
6. (c) Age of husband or wife if alive no record years
7. Birth date of deceased 8/20/1880 (Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Marshall, Mo (City, town, or county) (State or foreign country)
10. Usual occupation Janitor
11. Industry or business Kansas City Court House
FATHER
12. Name Albert C. Moree
13. Birthplace Unk. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unk.
15. Birthplace Unk. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Nellie Moree
(b) Address 2511 College
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director John P. Sheil
(b) Address Kansas City, Mo.
19. (a) 12-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27 year 1947 hour 9:00 minute 8 M.
21. I hereby certify that I attended the deceased from Coman, 19..., to ..., 19...; that I last saw h..... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death 1-2-3 degree burn of entire body

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no History + Inspection

Duration

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) accident 23
(b) Date of occurrence 12-27-47
(c) Where did injury occur? KC Jackson mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)
While at work? no (e) Means of injury Bed fire

23. Signature James Walker 3 (M. D. or other)
Address 1424 NY Ave Date signed 12-31-47

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 _____ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed John P Sheil

Licensed Embalmer No. 3625

P. O. Address 6 Ho

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.