

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 **K.C. General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **21 days**  
(Specify whether years, months or days) **30 yrs.**  
In this community 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. **1616 Madison**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **George W. Moore**

3. (b) If veteran **no** name war  
3. (c) Social Security No. **496-10-2035A**

4. Sex **MC** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Div**  
6. (b) Name of husband or wife **Wrtie M** 6. (c) Age of husband or wife if alive **45** years  
7. Birth date of deceased **Nov-8, 1878**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **3** Days **16** If less than one day hr. min.

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

10. Usual occupation **Retired Barber**

11. Industry or business **Unknown**

12. Name **Unknown**

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

14. Maiden name

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

16. (a) Informant **Robert B. Moore**

(b) Address **1616 Madison**

17. (a) (Burial, cremation, or removal) **Burial** (b) Date thereof **2-26-48**  
(Month) (Day) (Year)

(c) Place: burial or cremation **MT Washington**

18. (a) Signature of funeral director **Blickner**

(b) Address **152 Mo**

19. (a) **2-25-48** (Date received local registrar) (b) **Heraldine Holmes** (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Feb.** day **24th**  
year **1948** hour **10** minute **23 A.** M.

21. I hereby certify that I attended the deceased from **2-3-48** to **2-24-48**  
that I last saw him alive on **2-24-48** and that death occurred on the date and hour stated above.

Immediate cause of death **Branchectasis, Broncho-pneumonia, Cirrhosis of liver**  
Due to

Other conditions (Include pregnancy within 3 months of death) **1245**

Major findings: Of operations **See above**  
Of autopsy

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) **0**  
While at work? (c) Means of injury  
23. Signature **25-25-48** (M. D. or other) **no**  
Address **Med. Dir. K.C. Gen. Hospital** K.C. Mo Date signed

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

48  
3  
8  
1

*Dr. Williams*

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. H. Blackman*

Licensed Embalmer No. *3639*

P. O. Address *R. C. 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.