S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5198

Registration District No. 1226 Primary Registration District No. 3026 Registrar's No. 48

48
4
4

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: residence, 2400 Vermont
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 54 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 2400 Vermont 4
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME MRS. MARY CAREY MOORE

3. (b) If veteran, name war none

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 Samuel E. Moore

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

7. Birth date of deceased April 5, 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	9	29	..... hr. ..... min.

9. Birthplace Jackson County, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Joseph Patrick
13. Birthplace unknown, Colorado
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Robeson
15. Birthplace unknown, Colorado
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Robert Moore

(b) Address 2400 Vermont, Independence, Mo.

17. (a) burial (b) Date thereof 2/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Mo.

19. (a) 2-6-48 (b) [signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1948 hour 8:00 minute P M.

21. I hereby certify that I attended the deceased from 6-47, 19..., to Feb 4, 1948
that I last saw her alive on Jan 31, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ca of uterus + intestines	3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

48B

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 George W. Toll (M. D. or other)

Address 11037 Winner Rd Date signed 2-5-48

Indep Mo

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 Donald W. Hanks, Registered Apprentice No. 425 working under my personal supervision.

Signed R. S. Leslie

Licensed Embalmer No. 423

P. O. Address Independence, 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.