

No. 30-47  
 M-10-47  
 v. 5-17-39  
 I 3908

FEDERAL SECURITY AGENCY  
 National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. **16453**  
 Registrar's No. **2036**

FILED MAY 22 1948  
 Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USE 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:  
1029 Brooklyn  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 30 Years

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")  
 (d) Street No. 1029 Brooklyn Apt. 2 **8**  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No) **0**  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Teresa B. Triplet Moore  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. unknown

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 9  
 year 1948 hour 1 minute 15 P.M.

4. Sex Female 5. Color or race Negro  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Booker Moore  
 6. (c) Age of husband or wife if alive 36 years  
 7. Birth date of deceased May 1, 1910  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1, 1948 to May 9, 1948  
 that I last saw her alive on May 9, 1948  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
38 0 8 hr. \_\_\_\_\_ min.

Immediate cause of death  
Myocardial reorganization 9 days  
 Due to Bacterial Endocarditis 9 days

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

Due to Lober Pneumonia Base mo

10. Usual occupation Housewife

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name William Frederick **7**  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Gertrude Triplet  
 15. Birthplace Henrietta, Missouri **0**  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations lob  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Gertrude Bozman  
 (b) Address 1630 Norton

17. (a) Burial (b) Date thereof 5/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Highland  
 18. (a) Signature of funeral director Patricia Reed  
 (b) Address 1729 Lydia Ave  
 19. (a) 5-12-48 (b) Walding Holmes  
(Date received local registrar) (Registrar's signature)

(Specify type of place)  
 While at work? \_\_\_\_\_ (c) Means of injury 0  
 23. Signature M.C. Lewis (M. D. or other) \_\_\_\_\_  
 Address Lincoln Blvd Date signed 5/11/48

*D. Lewis*

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**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 Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

**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.**