

FILED JUN 19 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2406

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: GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 DAYS
(Specify whether In this community 36 YRS. years, months or days)

3. (a) PRINT FULL NAME

EMANUEL MOORE

3. (b) If veteran, name war *no*

3. (c) Social Security No. 492-I4-7962

4. Sex MALE *2*

5. Color or race NEGRO

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased FEBRUARY 25, 1883
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 4 If less than one day hr. min.

9. Birthplace ST. LAUNDRY PARISH LOUISIANA /
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business _____

12. Name JULES MOORE

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

14. Maiden name MARRY MOORE

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

16. (a) Informant J. C. DAUSBY (FRIEND)

(b) Address 1513 E. 12th

17. (a) *Burial* (b) Date thereof *June 9, 1948*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation, *Highland Cemetery, St. Louis, Mo.*

18. (a) Signature of funeral director *James J. Moore*

(b) Address *1708 E. 15th St*

19. (a) *6-8-48* (b) *Gertrude Holme*
(Date received local registrar) (Registrar's signature)

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. 1905 HIGHLAND
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 29, year 1948 hour 9: minute 20 P.M.

21. I hereby certify that I attended the deceased from MAY 12, 1948 to MAY 29, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death ANAPLASTIC ADENOCARCINOMA OF THE RECTUM

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations SAME AS ABOVE

Of autopsy _____

PHYSICIAN

Underline the cause to 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? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature *Frank Lee* (M.D. or other) M.D.

Address GENERAL HOSPITAL NO. 2 Date signed 6/1/48

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.....

Mcynard P. Williams....., Registered Apprentice No. *15*.....
working under my personal supervision.

Signed *Fannie G. Meit*.....

Licensed Embalmer No. *3818*.....

P. O. Address *Kansas City 8, 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.