

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:
2440 Tracy Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 18 Years
years, months or days)

3. (a) PRINT FULL NAME Joe Moore
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amanda Moore 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased March 15, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 3 8 hr. min.

9. Birthplace Austin, Texas
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 7
13. Birthplace Unknown (City, town, or county) (State or foreign country) 7
14. Maiden name Unknown 9
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Oscar Moore
(b) Address 2440 Tracy Avenue

17. (a) Burial (b) Date thereof 6/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Patricia King

(b) Address 1729 Hyde Ave.

19. (a) 6-19-48 (b) Edw. Holmes
(Date received local registrar) (Registrar's signature)

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. 2440 Tracy Avenue 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1948 hour 10 minute A M.

21. I hereby certify that I attended the deceased from June 19th, 1948 to June 19th, 1948
that I last saw him alive on June 19, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration _____
Due to Chronic Nephritis
Due to " " _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: 1318
Of operations _____
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)
By means of injury _____

23. Signature George W. Doft M.D.
Address George W. Doft, M.D. Date signed 6/24/48

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

Signed.....

Jerome Mantone

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.