

FILED JUL 19 1948
Registration District No. 149

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 1 year
years, months or days)

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Matthew D Moore
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased January 30, 1858
(Month) (Day) (Year)

8. AGE: Years 90 Months 5 Days 9
If less than one day — hr. — min.

9. Birthplace Stone Mills New York
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER
12. Name Alpheus H. Huse
13. Birthplace Unknown New York
(City, town, or county) (State or foreign country)
14. Maiden name Laura Beardman
15. Birthplace Unknown New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. F. Hollen
(b) Address Smithton Mo.

17. (a) Removal (b) Date thereof 7-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo.

18. (a) Signature of funeral director D. W. McCombs Sr.
(b) Address 1401 Bausch Creek

19. (a) 7-10-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Smithton
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1948 hour 10 minute 5 A.M.

21. I hereby certify that I attended the deceased from July 6, 1948 to July 9, 1948
that I last saw her alive on July 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerotic heart disease mural thrombosis and pulmonary infarction

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 930

Major findings:
Of operations _____
See above
Of autopsy _____

Duration _____
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? _____

(Specify type of place)
While at work? _____ (e) Means of injury fall
23. Signature W. W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 7-9-48

Dr. B...

8001 11 1994

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 *Jess J. News*
Licensed Embalmer No. *4453*

P. O. Address *Kansas City, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.