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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33017
State File No. _____
4301
Registrar's No. _____

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:
General Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hours
In this community 1 year (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANDREW R. MOORE
3. (b) If veteran, name war No 3. (c) Social Security No. 235 34 3581

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Mary Moore (Divorced) 6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 26 1908
(Month) (Day) (Year)

8. AGE: Years 40 Months 1 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Salesman
X

MOTHER FATHER

11. Industry or business
12. Name Unknown
13. Birthplace Unkn wn
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Moore
(b) Address Pittsburg, Pa.

17. (a) Burial (b) Date thereof Oct 22, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 10-22-48 (b) Stardine Holmes
(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. 3010 Harrison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14
year 1948 hour 6 minute 05 P. M.

21. I hereby certify that I attended the deceased from Lawrence, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound of head

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence 10-14-48
(c) Where did injury occur? 100 Jackson mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? no (e) Means of injury 45 ft pistol

23. Signature James C. Walker (M. D. or other) _____
Address 1424 Myrtle Date signed 10-16-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Chas E. Welks
Licensed Embalmer No. 2644
P. O. Address KC 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.