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-17-39
-1-3906

FILED DEC 14 1948/49
Registration District No.

Primary Registration District No. 1002

State File No. 4947

Registrar's No.

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: 3918 Charlotte
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community 30 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2017 Linwood (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Mrs. Augusta Moore

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife E.T. Moore 6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased: June 9 1878
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 22 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

12. Name William Massie

13. Birthplace Missouri (State or foreign country)

14. Maiden name Mary E Gibson (State or foreign country)

15. Birthplace Missouri (State or foreign country)

16. (a) Informant Paul Judah

(b) Address 2017 Linwood

17. (a) Removal (b) Date thereof 12-4-48
(Burial, entombment, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Kalb, MO

18. (a) Signature of funeral director STINE & MCCLURE

(b) Address 3235 Gillham Plaza K.C., MO.

19. (a) 12-3-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1
year 1948 hour 8 minute 45 P M.

21. I hereby certify that I attended the deceased from May 1948
to Nov. 30 1948
that I last saw her alive on Nov. 30 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis - left lung, pericardium, diaphragm, bladder, visceral lymph nodes. Duration 2 mos.
Due to Recurrence adenocarcinoma of uterus 2 yrs.
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 48.5 PHYSICIAN
Of operations
Of autopsy: Above
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 T. Reid Jones T. Reid Jones
(M. D. or other) 1107 Bryant Bldg. Date signed 12-2-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

129011-1-13-2014
K.C. Mo

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address K.C. 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.