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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 392

Registration District No. 146

Primary Registration District No. 3026

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1015 West Van Horn Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 14 Days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1015 West Van Horn Road
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SALLIE AURILLA MOORE
3. (b) If veteran, name was _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 14th,
year 1948 hour 1 minute A. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John H. Moore
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 9, 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 30,
1948 to Dec 14, 1948
that I last saw him alive on Dec 13, 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Bronchial pneumonia Duration 30 hrs

8. AGE: Years Months Days If less than one day
84 5 5 hr. _____ min.

Due to Chronic Nephritis 3 yrs
Due to Arteriosclerosis 5 yrs

9. Birthplace New Liberty, Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 21

11. Industry or business _____
12. Name Eli M. Wildermuth
13. Birthplace Wisconsin
(City, town, or county) (State or foreign country)
14. Maiden name Cynthia Pamela Shumway
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
Of autopsy _____

16. (a) Informant Mr. Edward D. Moore
(b) Address Independence, Missouri
17. (a) Removal (b) Date thereof 12/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Plano, Illinois
18. (a) Signature of funeral director Roland R. Speaks
(b) Address Independence, Missouri
19. (a) 12-15-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 2
23. Signature [Signature] (M. D. or other) D.O.
Address Independence Mo Date signed 12/14/48

MAP 231948

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 *Stanley M. Seaton*

Licensed Embalmer No. 4504

P. O. Address. Independence, Missouri

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.