

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 33945  
 Registrar's No. 4450

BIRTH NO. <u>65089-49</u>		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4450</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>JACKSON</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		a. STATE <b>MISSOURI</b>		b. COUNTY <b>JACKSON</b>	
c. LENGTH OF STAY (in this place) <b>life</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		d. STREET ADDRESS (If rural, give location) <b>2821 Park Avenue</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <b>WILLIE</b>		b. (Middle)		c. (Last) <b>MOORE, JR.</b>		Month Day Year <b>SEPTEMBER 27 1949</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>		8. DATE OF BIRTH <b>SEPTEMBER 24 1949</b>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 4 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>KANSAS CITY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>WILLIE MOORE, SR.</b>			13b. MOTHER'S MAIDEN NAME <b>HELEN JEFFERSON</b>			14. NAME OF HUSBAND OR WIFE <b>---</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>---</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>HELEN MOORE 2821 Park Avenue</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ATELECTASIS TO LUNG</b> <b>PREMATURITY (4 lbs 9 1/2 oz)</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <b>7625</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9/24/</u> , 19 <u>49</u> to <u>9/27/</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9/27/</u> , 19 <u>49</u> , and that death occurred at <u>2:50pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>E. Frank Ellis</b> (Degree or title)				23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>10/12/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-18-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Peace Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Peace Station Jackson MO</b>	
DATE REC'D BY LOCAL REG. <b>10-18-49</b>		REGISTRAR'S SIGNATURE <b>Sheldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>WMA GOMMEL</b>		ADDRESS <b>1200 N. E. MO</b>	

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

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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Wm A. Schreyer* \_\_\_\_\_

Licensed Embalmer No. *3089* \_\_\_\_\_

\* P. O. Address *RC MD* \_\_\_\_\_

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.