

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8871

State File No. 1247

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| BIRTH NO. | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY Jackson | | b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | a. STATE MO. | | b. COUNTY Jackson | |
| c. LENGTH OF STAY (In this place) 50 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City Mo. | | d. STREET ADDRESS (If rural, give location) 2118 1/2 Charlotte 3318 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2118 1/2 Charlotte | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Anthony | | b. (Middle) J. | | c. (Last) Moore | |
| 4. DATE OF DEATH (Month) (Day) (Year) | | Mar. 11, 1950 | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE Colored | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) wid. | | 8. DATE OF BIRTH June 16, 1870 | |
| 9. AGE (In years last birthday) 79 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) undertaker | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Portsmouth Ohio | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Tony Moore | | 13b. MOTHER'S MAIDEN NAME Virginia Clark | | 14. NAME OF HUSBAND OR WIFE Lillian Moore | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillian Paul dau Chicago Ill | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Sclerotic Type Heart Disease | | ANTECEDENT CAUSES | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Generalized Arteriosclerosis | | | |
| | | | | DUE TO (c) Chr. Parenchymatous nephritis | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | Congestive Ht Failure | | | | 591X | |
| 19a. DATE OF OPERATION none | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 1-2-1948, to 3-11-1950; that I last saw the deceased alive on 3-11-1950, and that death occurred at 9:30 a.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE J. S. Wells (Degree or title) | | | | 23b. ADDRESS 2122 E-15th St. K.C. Mo. | | 23c. DATE SIGNED 3-15-50 | |
| 24a. BURIAL CREMATION (Specify) | | 24b. DATE Mar. 16, 50 | | 24c. NAME OF CEMETERY OR CREMATORY Lincoln Cem. | | 24d. LOCATION (City, town, or county) (State) 15th St. K.C. Mo. | |
| DATE REC'D BY LOCAL REG. 3-16-50 | | REGISTRAR'S SIGNATURE Geraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Adkins Bros. Funeral Home K.C. Mo. | | | |

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

Pomroy

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed

C. Kenneth Kerford

Signed.....
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.