No. 300
10.48

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

FILED JAN 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44022

BIRTH NO. 91944 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5723

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 0hrs 29min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 2830 Olive

3408

3. NAME OF DECEASED (Type or Print)
a. (First): (Infant)
b. (Middle):
c. (Last): Moore

4. DATE OF DEATH (Month): 12 (Day): 24 (Year): 51

5. SEX: FeMale 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 12-24-51
9. AGE (In years last birthday): IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HRS.: Hours: 6 Min.: 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Kansas City, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: America

13a. FATHER'S NAME: Ira Moore
13b. MOTHER'S MAIDEN NAME: Arlene ~~Moore~~ LOVE
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Arlene Moore
ADDRESS: 2830 Olive

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Undetermined

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. Premature

INTERVAL BETWEEN ONSET AND DEATH: 776X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-24-51, 19___, *to* 12-24-51, 19___, *that I last saw the deceased alive on* 12-24-51, 19___, *and that death occurred at* 10:20a *m., from the causes and on the date stated above.*

23a. SIGNATURE E. Frank Ellis MD (Degree or title)
23b. ADDRESS: 600 East 22nd Street
23c. DATE SIGNED: 1-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-16-52
24c. NAME OF CEMETERY OR CREMATORY: Leeds
24d. LOCATION (City, town, or county) (State): K C Mo

DATE REC'D BY LOCAL REG.: 12-31-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Wm A Holmes
ADDRESS: K.C. mo.

(Licensed Embalmer's Statement on Reverse Side)

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, working under my personal supervision.

Student Embalmer No. .....

Signed .....
Student Embalmer

Signed Wm A Lohmeyer

Licensed Embalmer No. 3689

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.