

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42370  
5361

State File No. ....

FILED DEC 20 1952

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1002

Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>2404 1/2 Highland Avenue K.C. Mo</b>	
c. LENGTH OF STAY (in this place) <b>10 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>2404 1/2 Highland 3418</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2404 1/2 Highland Avenue</b>			
3. NAME OF DECEASED (Type or Print) <b>Georgia Basket Dent Moore</b> a. (First) <b>Georgia</b> b. (Middle) <b>Basket</b> c. (Last) <b>Dent Moore</b>			4. DATE OF DEATH <b>Nov. 30, 1952</b> (Month) (Day) (Year)
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>May---1856</b>
9. AGE (In years last birthday) <b>96</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	
11. BIRTHPLACE (State or foreign country) <b>Howard Co, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>John Moore (Deceased)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Ida Dent</b>		ADDRESS <b>2404 1/2 Highland</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Smoking</b>		DUE TO (b) _____		194X
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Thos. A. Jones</b>	23b. ADDRESS <b>1612 E. 12 St</b>	23c. DATE SIGNED <b>12/7/52</b>
--------------------------------------	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec-8-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <b>12-8-52</b>	REGISTRAR'S SIGNATURE <b>Sheraldin Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>West Appleton &amp; Jones K.C. Mo.</b>	ADDRESS
---	--	--	---------

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*C. H. West.*

Licensed Embalmer No.

*2710*

P. O. Address

*Kansas City Mo*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.