

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

23090

State File No. \_\_\_\_\_

FILED AUG 10 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3010

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>30 YEARS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>General Hospital 2</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>5424 Bellfontaine</u> <u>3778</u> ADDRESS <u>2</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Will</u> b. (Middle) _____ c. (Last) <u>Moore</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>6-29-54</u>	
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>NEGRO</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>JULY 15, 1875</u>
<b>9. AGE</b> (In years last birthday) <u>78</u>	If UNDER 1 YEAR Months _____ Days _____	If UNDER 1 HR. Hours _____ Min. _____	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Building Homes</u>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>JACKSON, MISS.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>UNKNOWN</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>UNKNOWN</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>NETTIE MOORE</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	
<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Hellie Shields</u> ADDRESS <u>Kansas City, Mo.</u>	
<b>MEDICAL CERTIFICATION</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Carcinoma of stomach with metastasis</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>PRECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		INTERNAL BETWEEN ONSET AND DEATH <u>151X</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>6-14-54</u> , 19 <u>54</u> , to <u>6-29-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-29</u> , 19 <u>54</u> , and that death occurred at <u>2:00</u> p.m., from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>E. Frank Ellis</u> (Degree or title) <u>MD</u>		<b>23b. ADDRESS</b> <u>600 E. 22nd St.</u>	
<b>23c. DATE SIGNED</b> <u>6-30-54</u>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	
<b>24b. DATE</b> <u>JULY 1, 1954</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>HIGHLAND CEMETERY, Kansas City, Mo.</u>	
<b>24d. LOCATION</b> (City, town, or county) (State)		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Fannie G. Pickett</u> ADDRESS <u>Kansas City, Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>7-1-54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Geraldine Smith</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *Fannie J. Meef*.....

Licensed Embalmer No. *2818*.....

P. O. Address *Kansas, Co.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.