

Kentucky Post - November 16, 1929

MOORE RITES MONDAY

Covington Woman, 65, Succumbs at Hospital After Illness

Mrs. Anna Moore, 65, of 402 Linden-av, Covington, died Friday night at St. Elizabeth Hospital, Covington, following a lingering illness.

Mrs. Moore had been a resident of Covington many years. She is survived by her husband, Joseph Moore.

Funeral services will be held Monday at 8:30 a. m. from the John N. Middendorf Sons' funeral home, 917 Main-st, Covington, with requiem high mass at 9 a. m. at St. Augustine Church, Covington. Burial will be in Mother of God Cemetery.

MOHR—Anna (nee Kemphaus), wife of Joseph Mohr, Friday, Nov. 15, 1929, at the residence, 402 W. Linden-av, Covington, Ky., aged 65 years. Funeral Monday, Nov. 18, at 8:30 a. m. from John N. Middendorf Sons' Funeral Home, 917 Main-st. Requiem high mass at St. Augustine Church at 9 a. m. Interment Mother of God Cemetery.

Mohr, Anna Kempfhaus 1864 - 1929

Form V. S. 1-50m-1-27-27
1 PLACE OF DEATH
 COMMONWEALTH OF KENTUCKY
 State Board of Health
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH File No. **29430**
 County Kenton Registration District No. 790 Registered No. _____
 Inc. Town _____ Primary Registration District No. 2294
 City Covington (No. St. Elizabeth Hosp. Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Anna Mohr
 (a) Residence No. 402 Linden St. _____ Ward Covington Ky
 (Usual place of abode) (If non-resident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
1 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	3 Single Married Widowed or Divorced (Write the word) <u>Married</u>	16 DATE OF DEATH <u>Nov 15</u> , 19 <u>29</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>Nov 11</u> , 19 <u>29</u> , to <u>Nov 15</u> , 19 <u>29</u> that I last saw h. <u>alive</u> on <u>Nov 15</u> , 19 <u>29</u> and that death occurred on the date stated above at <u>2:30 PM</u> . The CAUSE OF DEATH* was as follows: <u>Chr Myocarditis</u>
5a If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Joseph Mohr</u>			(Duration) _____ yrs. _____ mos. _____ ds.	
6 DATE OF BIRTH <u>July 4</u> , 18 <u>60</u> (Month) (Day) (Year)			Contributory <u>Cholera Intestinal Dept.</u> (Secondary) (Duration) _____ yrs. _____ mos. _____ ds.	
7 AGE <u>69</u> yrs. <u>4</u> mos. <u>11</u> ds. IF LESS than 1 day _____ hrs. or _____ min?			18 WHERE WAS DISEASE CONTRACTED If not at place of death? _____ Did an operation precede death? <u>No</u> Date of _____ Was there an autopsy? <u>No</u> What test confirmed diagnosis? (Signed) <u>John J. Ruff</u> , M. D. <u>11-16</u> , 19 <u>29</u> (Address) <u>St. Elizabeth Hosp.</u>	
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>Home work</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)	
9 BIRTHPLACE (city or town) <u>Kentucky</u> (State or country)			19 PLACE OF BURIAL OR REMOVAL <u>Methodist Church</u> DATE OF BURIAL <u>Nov 18</u> , 19 <u>29</u>	
PARENTS	10 NAME OF FATHER <u>Alexander Kempfhaus</u>		20 UNDERTAKER <u>John W. McSherry</u>	
	11 BIRTHPLACE OF FATHER (city or town) <u>Germany</u>		ADDRESS _____	
	12 MAIDEN NAME OF MOTHER <u>Catherine Busse</u>			
	13 BIRTHPLACE OF MOTHER (city or town) <u>Germany</u>			
14 (Informant) <u>Mr. Joseph Mohr</u> (Address) <u>402 Linden Ave</u>				
15 Filed <u>11/18</u> , 19 <u>29</u> Registrar _____				