

S. N. 100M- Rev. 5-17-39 I X37823

DEPARTMENT OF HEALTH  
BUREAU OF THE VITALS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32999

State File No. 4232

FILED NOV 15 1944

Registration District No. 179

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:  
 (a) County Jackson,  
 (b) City or town Kansas City,  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3007 Euclid 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution no. (Specify whether  
 In this community 55 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson, 4.  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3007 Euclid  
(If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country X

3. (a) PRINT FULL NAME Harry Wesley Albert  
 (b) If veteran, name war no. (c) Social Security No. no.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month October day 22nd  
 year 1944 hour 8:00m minute A. M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Mrs. Nellie M. Albert  
 (c) Age of husband or wife if alive 85 years  
 7. Birth date of deceased: December 21 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8/7/1944  
 19   to 10/22/44, 19    
 that I last saw him alive on 10/20/44, 19    
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
63 10 1    hr.    min.

Immediate cause of death Cerebral Hemorrhage  
 Due to General arteriosclerosis 1947

9. Birthplace Organ, Illinois  
(City, town, or county) (State or foreign country)

Other conditions 830'  
(Include pregnancy within 3 months of death)

10. Usual occupation Organist

Major findings: 830'  
 Of operations

MOTHER FATHER { 11. Industry or business X  
 12. Name John Albert  
 13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
 14. Maiden name Matilda Sternburg  
 15. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Mrs. Nellie M. Albert

Of autopsy  
 Underline the cause to which death should be charged statistically.

(b) Address 3007 Euclid, Kansas City, Mo.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify)

17. (a) Burial (b) Date thereof 10-25-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence  
 (c) Where did injury occur? (City or town) (County) (State)

(c) Place: burial or cremation Forest Hill Cemetery

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (c) Signature of funeral director Stine & McClure

While at work?    (Specify type of place) (c) Means of injury

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. Signature Frederick A. Bales, M.D.

19. (a) Oct 23, 1944 (b) F. E. Brown  
(Date received local registrar) (Registrar's signature)

Address 317 Argyle Bldg Date signed 10/23/44

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

Dr. Baldwin  
Cryer, B. M.

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed



Licensed Embalmer No. 1415

P. O. Address J. C. Moore

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.