

No. 2  
-5-43  
5-17-39  
I X38671

FILED MAR 11 1946

Registration District No. 149

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:  
General Hospital No. 1  
 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1319 Broadway  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alan Moritz  
 (b) If veteran, name war No  
 (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20  
 year 1946 hour 5 minute 30 P.M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 2 1945  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 15, 1946, to Feb. 20, 1946;  
 that I last saw him alive on Feb. 20, 1946;  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Status thymico lymphaticus  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions: \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
5 18 hr. min.

9. Birthplace Kansas City - Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Moritz  
 13. Birthplace Kansas City Mo  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Bertha Lohrengel  
 15. Birthplace Kansas City Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B. ... Moritz  
 (b) Address 3833 State Blvd

17. (a) Burial (b) Date thereof 2/23/46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Quirk & Cabin Co  
 (b) Address 20 West Linwood

19. (a) 2-23-46 (b) Sheldine Holmes  
 (Date received local registrar) (Registrar's signature)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy See above

PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 \_\_\_\_\_ (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature Clark W. Seely (M.D. or other)  
 Address Med. Dir. Gen'l Hosp. Date signed 2-21-46

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

*D. Buckner*

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

Signed *Howard W. Fairmer*

Licensed Embalmer No. *4134*

P. O. Address *Kansas City 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.**