

S. No. 2
4-12-45
7. 5-17-39
I X47070

FILED APR 28 1947
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 1784

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

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:
548 Main Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community about 25 years (Specify whether
years, months or days)

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years about 65 Months _____ Days _____ If less than one day
hr. _____ min. _____

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

10. Usual occupation unknown

11. Industry or business X

12. Name unknown 9
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Laurence Miller
(b) Address 548 Main St., Kansas City, Mo.

17. (a) burial (b) Date thereof 4-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-19-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 548 Main Street 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 14th
year 1947 hour 7 minute A M.

21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____;
that I last saw h_____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis
Due to arteriosclerosis

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 93rd
Of autopsy none
Hestley + Type 10

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?

While at work? _____ (Specify type of place)
(c) Means of injury _____ 3
23. Signature James Walker (M. D. or other) Causer
Address 1404 pop hill Date signed 4-15-47

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 Blaine E. Weibert

Licensed Embalmer No. 4075

P. O. Address K.C. 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.