

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1243
341

FILED FEB 3 1948

State File No. _____

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:
3516 Summit Street Conv. Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)
 In this community since 1911

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. 11 East 57th Street,
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME Mrs. Annie Moyer
 3. (b) If veteran, name war no.
 3. (c) Social Security No. no.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife W. E. Moyer
 6. (c) Age of husband or wife if alive 29 years
 7. Birth date of deceased November 24 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 30
If less than one day hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business X

MOTHER, FATHER { 12. Name John L. Breinig
 13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
 14. Maiden name Bachman
 15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant W. E. Moyer,

(b) Address 11 East 57th St., Kansas City, Mo.

17. (a) burial (b) Date thereof 1-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

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

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-24-48 (b) Meraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23
 year 1948 hour 7:10 minute A. M.
 21. I hereby certify that I attended the deceased from Dec 14 1947
Dec 1947 to Jan 23 1948
 that I last saw her alive on Jan 22nd 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
with paralysis
 Due to Heart failure
Senile myocarditis
 Due to _____

Other conditions 93 d
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 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) (e) Means of injury 0

23. Signature B. J. Boorman (M. D. or other)

Address 919 Rialto Bld. Date signed 1/23/48

E. B. Adams

Dr. Poorman

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 *Robert H. Reed*

Licensed Embalmer No. *3745*

P. O. Address. *112 No*

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.