

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: K.C. General Hospital  
(d) Length of stay: In hospital or institution 9 days  
In this community 1 year, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 2904 Tracy  
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd  
year 1941 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from  
March 24th 1941 to April 2nd 1941;  
that I last saw him alive on April 2nd 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to: 7 30  
Due to: 8 30

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy: None

Duration

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

23. Signature: Dr. R. Shore (M. D. or other)  
Address: Med. Dir. K.C. Gen. Hospital Date signed

3. (a) PRINT FULL NAME WILLIAM ALBRIGHT

3. (b) If veteran name war - 3. (c) Social Security No. -

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased 11 18 1854 (Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 15 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business -

12. Name Frederick Albright

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Lucretia

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

16. (a) Informant Mrs. Dunham

(b) Address 3418 Wabash

17. (a) Burial (b) Date thereof 4-5-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Val Halla Cemetery - St. Louis

18. (a) Signature of funeral director Bentley Woodhull

(b) Address 5811 Grand

19. (a) Apr 3 1941 (b) M. M. Brown (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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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..... *Jay Buffington* .....

Licensed Embalmer No.....

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.**