

FILED SEP 26 1944
Registration District No. **799**

Primary Registration District No. **1002**

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:
ST. LUKE'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 DAYS**
(Specify whether years, months or days) **35 YEARS**

3. (a) PRINT FULL NAME **MR. FRED HENRY MOELLER**
(b) If veteran, name war **NO**
(c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MRS. AUGUSTA MOELLER**
6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **AUGUST 20 1891**
(Month) (Day) (Year)

8. AGE: Years **53** Months **0** Days **25**
If less than one day hr. min.

9. Birthplace: **POTTER KANSAS**
(City, town, or county) (State or foreign country)

10. Usual occupation: **INSURANCE AGENT**

11. Industry or business: **AND BROTHER WATER TREATMENT DEPT CITY HALL**

MOTHER FATHER
12. Name **FRED MOELLER**
13. Birthplace **UNKNOWN GERMANY**
(City, town, or county) (State or foreign country)
14. Maiden name **CAROLINE NOLTING**
15. Birthplace **UNKNOWN GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Augusta Moeller**
(b) Address **4305 Virginia Ave**

17. (a) BURIAL (b) Date thereof **SEPT 16 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FOREST HILL CEM.**

18. (a) Signature of funeral director: **W. H. Newcomer**
(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) 9-16-44 (b) **N. E. Brown**
(Date received local registrar) (Registrar's signature)

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. **4305 VIRGINIA AVENUE**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **SEPT.** day **14TH**
year **1944** hour **8** minute **30 A.M.**
21. I hereby certify that I attended the deceased from
9-8 1944 to Sept 14 1944
that I last saw him alive on **9-13 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Peritonitis generalized**
Due to **Perforating ca of sigmoid**
Other conditions (include pregnancy within 3 months of death) **762**

Major findings:
Of operations _____
Of autopsy **as above**

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)
(e) Means of injury _____
23. Signature: **E. P. Carson M.D.** (M.D. or other)
Address **Prigg Medical Bldg** Date signed _____

Duration **6 days**
Physician _____
Underline the cause to which death should be charged statistically.

2000 Praga's Medical Body

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.