

FILED OCT 13 1944

Registration District No.

Primary Registration District No. 5236

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Box - Township
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME HERMAN ALBERTI

3. (b) If veteran, name war
3. (c) Social Security No. N/A

0 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
4. Sex MALE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 31 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 22 If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business

12. Name Ernest Alberti
13. Birthplace Ger. (City, town, or county) (State or foreign country)
14. Maiden name Katharine Myers
15. Birthplace Ger. (City, town, or county) (State or foreign country)

16. (a) Informant Ed Alberti

(b) Address R. 3, Edwards Springs, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-2 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Kans.

18. (a) Signature of funeral director Taylor Funeral Home

(b) Address Kansas City, Mo.

19. (a) 9/29/44 (Date received local registrar) (b) J. H. Langway (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Kans.
(If outside city or town limits, write "RURAL")
(d) Street No. 318 N. 20th St.
(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 29
year 1944 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from 9-23-44 to 9-23-44
that I last saw him alive on 9-23-44
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to

Due to
Other conditions (Include pregnancy within 3 months of death) 938

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. H. Dawson (M. D. or other) Address Edwards Springs Date signed 9-23-44

RECEIVED

ONE 11.7.

9-44-1181

10/2/44

Date

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 _____

Licensed Embalmer No. 203K

P. O. Address _____

Edwards Springs, 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.