

FILED SEP 16 1947

Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. **3749**

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 **320 EAST 70TH STREET 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) **60 YEARS**

3. (a) PRINT FULL NAME **MRS. BERTHA E. MODEER**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **493-12-0453**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **MR. ALFRED A. MODEER** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **JANUARY 19 1887**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 7 10 hr. _____ min.

9. Birthplace **KANSAS CITY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business _____

MOTHER FATHER
12. Name **FRED SCHULTIES**
13. Birthplace **HANNIBAL MISSOURI**
(City, town, or county) (State or foreign country)
14. Maiden name **MARGARET THOMAN**
15. Birthplace **WESTPORT MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **John J. Whinery**
(b) Address **1320 East 70th**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **SEPT. 2 1947**
(Month) (Day) (Year)
(c) Place: burial or cremation **FOREST HILL CEMETERY**

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

19. (a) **9-2-47** (Date received local registrar) (b) **Staldine Holmes** (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. **320 EAST 70TH STREET**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **29** year **1947** hour **10** minute **30 A.**M.

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

Immediate cause of death **Malignant Retro-peritoneal Teratoma**
Due to _____
Died to _____

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

Major findings: **As above** 40 mm
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)
23. Signature **H. K. B. Alleghy, M.D.** (Physician)
Address **2300 Holmes, K.C., Mo.** Date signed **Aug 29, 1947**

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

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 Edward M. Storey
Licensed Embalmer No. 4452
P. O. Address K. C. 4 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.