

No. 2
-5-43
-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4994
State File No. _____
Registrator's No. **650**

FILED FEB 20 1948

Registration District No. **149**

Primary Registration District No. **1002**

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: **K.C. General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day** (Specify whether
In this community **40 Years**
years, months or days)

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. **1833 Cleveland** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Charles W. Moyer**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **10th**
year **1948** hour **3** minute **45** A. M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Myrtle Moyer**
6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **September 17 1871**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **2-9-48**, 19, to **2-10-48**, 19;
that I last saw him alive on **2-10-48**, 19,
and that death occurred on the date and hour stated above.

Immediate cause of death **Post Operative Intestinal Obstruction**
Bronchial Pneumonia

8. AGE: Years Months Days If less than one day
76 4 23 hr. min.

Due to **adhesions**
Due to _____

9. Birthplace **New York**
(City, town, or county) (State or foreign country)

10. Usual occupation **Maintenance Board of Pu. Utilities**

Other conditions (include pregnancy within 3 months of death)

11. Industry or business **Retired 3 Yrs. K.C. Mo.**

Major findings: Of operations **12-2-48**
Of autopsy **See Above**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name **Don't Know**

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

14. Maiden name **Susan**

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

16. (a) Informant **Mrs. Myrtle Moyer**
(b) Address **1833 Cleveland K.C. Mo.**

17. (a) **Removal** (b) Date thereof **Feb. 12 -48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Hill Cemetery, K.C. K.**
18. (a) Signature of funeral director **Jos. A. Butler's Sons**
(b) Address **22 South 18th, St. K.C.K.**

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? _____

19. (a) **2-13-48** (b) **St. Pauline Holmes**
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature **Wm W Hart** (M. D. or other) _____
Address **Dir. K.C. Gen. Hospital** Date signed _____

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

MOTHER FATHER

48
3
8
0

W. Barry

FILED FEB 28 1960

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.....

Ross Bell

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Ross Bell

Licensed Embalmer No. *3426 Mo*

P. O. Address *Kansas City 2, Kansas*

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.