

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

26978

3548

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____						
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).								
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR <b>Kansas City</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>						
c. LENGTH OF STAY (in this place) <b>16 Yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>809 Tracy</b>								
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>												
3. NAME OF DECEASED			4. DATE OF DEATH									
a. (First) <b>William</b>	b. (Middle) <b>Edward</b>	c. (Last) <b>Moll</b>	(Month) <b>8</b>	(Day) <b>15</b>	(Year) <b>1949</b>							
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 4 1875</b>		9. AGE (in years last birthday) <b>74</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days	Hours	Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watchman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (State or foreign country) <b>Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>					
13a. FATHER'S NAME <b>Charles Moll</b>			13b. MOTHER'S MAIDEN NAME <b>No Record</b>			14. NAME OF HUSBAND OR WIFE <b>Alice Moll</b>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>494-14-4228</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. MOLL Fred M. Moll Kansas City, Mo</b>							
18. CAUSE OF DEATH												
Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION											
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>											
	ANTECEDENT CAUSES											
	DUE TO (b) <b>Fracture left hip</b>											
	DUE TO (c)											
	II. OTHER SIGNIFICANT CONDITIONS											
	Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <b>E 21</b>								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>At home</b>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City, Jackson, Missouri</b>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8 11 49 4P m.</b>			21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <b>Fall</b>									
22. I hereby certify that I attended the deceased from <b>Aug. 11, 1949</b> , to <b>Aug. 15, 1949</b> , that I last saw the deceased alive on <b>Aug. 15, 1949</b> , and that death occurred at <b>9:35Pm.</b> , from the causes and on the date stated above.												
23a. SIGNATURE <b>Wm. W. Hart</b> (Degree or title)					23b. ADDRESS <b>Med. Dir. Gen'l Hosp.</b>			23c. DATE SIGNED <b>8-16-49</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>		24b. DATE <b>Aug 17 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Local</b>			24d. LOCATION (City, town, or county) (State) <b>Des Moines, Iowa</b>					
DATE REC'D BY LOCAL REG. <b>8-16-49</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>										
25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs C.L. Forster</b>					ADDRESS <b>Kansas City, Mo</b>							

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

(Licensed Embalmer's Statement on Reverse Side)

*Dr. M. Synthesis*

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *John Clark* \_\_\_\_\_

Licensed Embalmer No. *4216* \_\_\_\_\_

P. O. Address *to me* \_\_\_\_\_

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.