MAY 21 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 402 — File No. 16610
Township Brooking — Primary Registration District No. 5557 — Registered No.
City ~~Kansas City~~ (No. 5808 Raytown Road St. Ward)

2. FULL NAME Richard Maeter
(a) Residence, No. 5808 Raytown Road St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred — yrs. — mos. 7 ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Maeter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
78	3	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Book
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Binder-Hudson Publishing co.
10. Date deceased last worked at this occupation (month and year) 1922
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin Germany

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Ira B. McLaughlin 5808 Raytown Road, K.C. Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Highland Park K.C.K. DATE 4/14/37 19

19. UNDERTAKER (ADDRESS) Geo. H. Long Kansas City, Kansas

20. FILED 4-15 1937 D. M. Cubbank Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-8, 1937, to 4-12, 1937
I last saw him alive on 4-12, 1937. Death is said to have occurred on the date stated above, at 8:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	4 ds.
Other contributory causes of importance:	
Chronic Bronchitis	1920

107a

Name of operation no Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no.
(Signed) J. N. Neas, M. D.
(Address) 811 Huron Bldg K.C.K.

Sr. Mrs