

REC'D JUL 12 1938

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

20992

Do not use this space.

## 1. PLACE OF DEATH

(a) County **Jackson** Registration District No. **399**  
 (b) Township **Kaw** Primary Registration District No. **1002**  
 (c) City **Kansas City** (d) Street No. **Menorah Hospital** Registered No. **2442**  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

**Rose C. Mayer** **600**  
 (a) Residence, No. **5723 Locust** St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Single**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 10, 1887**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**51 0 6**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Teacher in Public School**  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **David S. Mayer**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Mrs. Sarah Mayer**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

17. INFORMANT (ADDRESS) **Stanley J. Mayer (Brother)**  
**Des Moines, Iowa**

18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) **Rose Hill Cemetery**  
**Kansas City, Mo.** DATE **June 19, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Stine & McClure**  
**Kansas City, Missouri.**

20. FILED **6-17-38** **M. M. Crue**  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 16, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **October 37, 1937** to **June 16, 1938**

I last saw her alive on **June 16, 1938**. Death is said to have occurred on the date stated above, at **5 P.**

The principal cause of death and related causes of importance were as follows:

**Carcinoma of stomach**

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis? **Oper.** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... 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? **NO**  
 If so, specify.....

(Signed) **Dr. Fred Irwig** M. D.  
 (Address) **1610 Prof. Bldg.**

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**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. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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, above space should be left blank.**