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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAILED DEC 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37915

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4513

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: 212 S. Askew
(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)
In this community: Over 20 years

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.: 212 S. Askew
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME: Mrs. Meta J. Meeth
3. (b) If veteran, name war: XX
3. (c) Social Security No.: No
4. Sex: Fe
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: George Meeth
6. (c) Age of husband or wife if alive: XX years
7. Birth date of deceased: November (Month) 21 (Day) 1870 (Year)
8. AGE: Years 70 Months 0 Days 3 If less than one day ..... hr. ..... min.
9. Birthplace: Leavenworth (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
MOTHER 12. Name: August Genuit
13. Birthplace: Germany (City, town, or county) (State or foreign country)
FATHER 14. Maiden name: Anna Schainhorst
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Miss Hattie Genuit
(b) Address: 207 S. Askew
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11-27-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Leavenworth, Kansas
18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.
19. (a) 11-26-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24, year 1940 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from November 18, 1940, to Nov 24, 1940; that I last saw h. alive on Nov 24, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Terminal pneumonia following Cerebral Hemorrhage	11/18/24
Due to: CVA	
Due to: Chronic Myocarditis and Cardio Vascular disease	
Other conditions: for several years (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Glen A. Bruce (M. D. or other)
Address: 1232 Paw. Bldg. Date signed 11-26-40

(Licensed Embalmer's Statement on Reverse Side)

Prof. Bg.
VI-4222

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 A. R. Haunschild

Licensed Embalmer No. 4159

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.