

No. 2
4-13-40
5-17-39
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41332**
Registrar's No. **4725**

JAN 8 1941 399
Registration District No.

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**
(a) County
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Lukes Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 Weeks**
In this community **53 Yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Miss Martha Deuser**
3. (b) If veteran, name war **No.**
3. (c) Social Security No. **486-01-9377**

4. Sex **Fe.** 5. Color or race **Wh.**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive **2** years **1887**
7. Birth date of deceased: **Oct.** (Month) **2** (Day) **1887** (Year)

8. AGE: Years **53** Months **2** Days **10** If less than one day hr. min.

9. Birthplace **Kansas City Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **K.C. Envelop Co.**

11. Industry or business
12. Name **Fredrick Deuser**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Martha Veil**
15. Birthplace **N.Y.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Geo. W. Deuser**
(b) Address **5715 Montgal K.C. Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 14-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Eylar Funeral Home**
(b) Address **1800 Linwood K.C. Mo.**

19. (a) **12-12-40** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3235 Forest Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **12** - 1940
year **19** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **Oct 1 - 1940**
to **Dec 12** 1940;
that I last saw her alive on **Dec 12** 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Exhaustion Cardiac**
Due to **Carcinoma of Descending Colon**
Other conditions (Include pregnancy within 3 months of death)

Major findings: **Ca of Colon, Obstruction**
Of operations
Of autopsy

Duration
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)
(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?
While at work? (Specify type of place) (e) Means of injury
23. Signature **S. P. Miller** (M. D. or other)
Address **1032 Professional** Date signed _____

Dr. E. Lee Miller
Prof. Polag

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Pinewood

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.