No. 2
-13-40
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FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1407

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 367

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

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: St. Joseph Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2weeks (Specify whether

In this community 10 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 117 North Drury (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Loretta M. Meller

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Phil Meller

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Jan. (Month) 8th (Day) 1908 (Year)

8. AGE: Years	Months	Days	If less than one day
33	0	16	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name William Choka
13. Birthplace Kansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara Frus
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Phil Meller

(b) Address 117 North Drury

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. (Month) 27th, (Day) (Year)

(c) Place: burial or cremation Mt. Olivet St. Joseph Mo.

18. (a) Signature of funeral director Rose & Henderson

(b) Address K. C. Mo.

19. (a) Jan 25, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1941 hour 10 minute 25A M.

21. I hereby certify that I attended the deceased from Jan 13, 1941, to Jan 24, 1941; that I last saw her alive on Jan 23, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia (Right lower lobe)	11 days
Suppurative Pleurisy	3 days
Due to 108	
Due to	
Other conditions Pregnancy (7 month delivery) (Include pregnancy within 3 months of death)	10 days

Major findings:
Of operations
Of autopsy Lobar Pneumonia Suppurative Pleurisy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] D (M. D. or other) MD

Address 1023 N. Elmwood Date signed 1-24-41

(Licensed Embalmer's Statement on Reverse Side)

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 W. E. Henderson

Licensed Embalmer No. 3657

P. O. Address 1916 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.