

No. 2
9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5499

State File No.

FILED MAR 9 1942
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 571

1. PLACE OF DEATH: Jackson

(a) County: Jackson

(b) City or town: Kansas City

(c) Name of hospital or institution: 2304 Poplar /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 55 years (Specify whether years, months or days)

In this community: 55 years

3. (a) PRINT FULL NAME Mrs. Laura E. Meckbach

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: Married

6. (b) Name of husband or wife: George Meckbach

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: March 9 1873

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	10	28	hr. min.

9. Birthplace: Franklin / Iowa

(City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

12. Name: George Holfman

13. Birthplace: / Iowa

(City, town, or county) (State or foreign country)

14. Maiden name: No Record

15. Birthplace: / Iowa

(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Geo. E. Siedler

(b) Address: 5609 Locust

17. (a) Burial (b) Date thereof: 2-9-42

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Moriah Cem.

18. (a) Signature of funeral director: J.W. Wagner

(b) Address: Kansas City, Mo.

19. (a) 2/9/42 (b) M. H. Crowe

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson #8

(c) City or town: Kansas City #3

(If outside city or town limits, write "RURAL") #8

(d) Street No.: 2304 Poplar

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 7

year: 1942 hour: 11:00 minute: A M.

21. I hereby certify that I attended the deceased from: Jan 5 1942 to Feb 7 1942

that I last saw her alive on: Feb 7 1942

and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia, lobar

Due to: ?

Due to: 107

Other conditions: General Debility and Sensibility

(Include pregnancy within 3 months of death)

Major findings: Of operations: None

Of autopsy: No

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? J. V. Bell (Specify type of place)

(2) Means of injury:

23. Signature: J. V. Bell (M. D. or Dentist)

Address: 1137 Ferguson St. Date signed: 2/9/42

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

1132 Prof. Adly

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. P. Haunschuld

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 with the above constitutes grounds for revocation of license.)

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