

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13452

State File No. ....

1883

FILED MAY 21 1942

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. ....

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:  
In ambulance on way to Hospital B  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether)  
In this community 42 years  
years, months or days

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. 709 Washington  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME William Orbert Michaelis

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, Divorced Widowed

6. (b) Name of husband or wife Catherine Michaelis 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased November 10, 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 6 1 hr. min.

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

10. Usual occupation Retired Carpenter

11. Industry or business

MOTHER FATHER { 12. Name Bernard Michaelis  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ernest A. Michaelis

(b) Address St. Joseph, Missouri

17. (a) Burial (b) Date thereof 5/13/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope, K. C. Mo.

18. (a) Signature of funeral director Geo. W. Long

(b) Address Kansas City, Kansas

19. (a) 5-13-42 (b) M. M. Orborne  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11  
year 1942 hour 10 minute P M.

21. I hereby certify that I attended the deceased from..... to.....  
that I last saw him.....  
and that he died on the date and hour stated above.  
Immediate cause of death.....  
Duration

Arteriosclerotic aortic valvular  
heart disease  
Bilateral hydrothorax  
(Include pregnancy within 3 months of death) 920

Major findings:

Of operations.....  
Of autopsy yes  
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, farm, or industrial place, in public place?  
While at work..... (e) Means of injury.....  
23. Signature M. M. Orborne (M. D. or other).....  
Address K. C. Mo. Date signed.....

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

**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. H. Rider

Licensed Embalmer No. 3404

P. O. Address Kansas City 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.**