

FILED JUN 11 1942

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2188

48
300

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. Luke's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)

In this community all her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. Newbern Hotel 8
(If rural, give location)

(e) Citizen of foreign country? 525 E. Armour X NO. 0
(Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME Mrs. Mabel S. Wyler

3. (b) If veteran, name war NO.

3. (c) Social Security No. NO.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Richard S. Wyler 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased July 21 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

49	10	10	hr. min.
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9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER

12. Name O. H. Schramm

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

14. Maiden name Lillian Cochran

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

16. (a) Informant Richard S. Wyler

(b) Address Newbern Hotel, Kansas City, Mo.

17. (a) Burial (b) Date thereof 8-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FORST HILL CEMETERY

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-2-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st, year 1942 hour 12:00 minute Noon M.

21. I hereby certify that I attended the deceased from May 24 1942 to May 31 1942
that I last saw him alive on May 31 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumococcal meningitis Duration 2 days

Due to Acute mastoiditis (left) 6 day

Due to 87 B

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Acute mastoiditis PHYSICIAN —
Of operations None
Of autopsy None
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?

While at work? Professional Bldg. T. C. Bldg. (Specify type of place) (2) Means of injury 0

23. Signature Prof. M. M. Brown (M. D. or other)

Address Professional Bldg. T. C. Bldg. Date signed June 3, 1942

Drs. Dickson and Diveley

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 E. M. Plaut

Licensed Embalmer No. 1848

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.