

FILED OCT 5 1942
Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3517

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 wks - 2 da
(Specify whether)

In this community 36 yrs
years, months or days

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. 325 West 46th St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank Meyer

3. (b) If veteran, name war None

3. (c) Social Security No. 487-09-9826

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22 day Sept
year 1942 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from 9-5-42 1942 to 9-22-42 1942
that I last saw him alive on 9-22-42, 1942;
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ellen Meyer

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb. 16 1872
(Month) (Day) (Year)

Immediate cause of death:
Paralytic ileus post operative non obstructive terminal pneumonia
Abdomino-perineal resection rectum on 9-9-42.
Carcinoma Rectum, Ho

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
70 7 6 _____ hr. _____ min.

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

10. Usual occupation Carpenter

Major findings: Carcinoma Rectum
Of operations no metastasis

Of autopsy ileus w/ obstructive no metastatic cancer

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Meyer

13. Birthplace No Record Finland
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record Finland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ellen Meyer

(b) Address 325 West 46th St.

17. (a) Burial (b) Date thereof 9/25/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 4901 Blath Blvd. H. G. Evans

19. (a) 9/24/42 (b) W. M. Crow
(Date received local registrar) (Registrar's signature)

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 W. M. Crow (M. D. or other) _____
Address Pub Bldg Date signed 9/22/42

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

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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. L. Ward*

Licensed Embalmer No..... *3991*

P. O. Address..... *309 E. 67 St.*

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.