

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39855

State File No. _____

FILED JAN 11 1943
299

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4939

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:
1310 East 9th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 Years
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. 1310 East 9th
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

ESTELLA M. MEILY

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Fe

5. Color of race Wh

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

6. (b) Name of husband or wife M. B. Meily

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

7. Birth date of deceased Jan. 31, 1858
(Month) (Day) (Year)

8. AGE: Years 84

Months 10

Days 27

If less than one day _____ hr. _____ min.

9. Birthplace _____

(City, town, or county)

Ill
(State or foreign country)

10. Usual occupation At home

11. Industry or business At Home

MOTHER FATHER { 12. Name David Kessler

13. Birthplace _____

(City, town, or county)

Unknown
(State or foreign country)

14. Maiden name Elizabeth Harter

15. Birthplace _____

(City, town, or county)

Unknown
(State or foreign country)

16. (a) Informant Kathryn Carrick

(b) Address Shreveport, La.

17. (a) Removal
(Burial, cremation, or removal)

(b) Date thereof 1-3-42
(Month) (Day) (Year)

(c) Place: burial or cremation Wassensburg, Mo.

C.H. Blackman & Son, Inc.

18. (a) Signature of funeral director Kansas City, Mo

(b) Address _____

19. (a) 12-31-42
(Date received local registrar)

(b) Mrs M. Crowe
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28 year 1942 hour 4:20 minute P. M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Arterio sclerotic heart disease

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy Inspection & history

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 _____

(Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address R.C. No. Date signed 12/28/42

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 H. Blackman
Licensed Embalmer No. 3639
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.