

FILED JAN 11 1943
1/29

Registration District No. 1/29

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: **7611 Wornall**
Colonial Rest Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Two weeks**
(Specify whether
In this community **56 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. **202 W. 68th St.**
(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 **December** day **30** 11
year **1942** hour **5** minute **20 P.M.**
21. I hereby certify that I attended the deceased from **March 15**
19**35** to **Dec 30** 19**42**
that I last saw him **alive** on **Dec 30** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure** Duration

Due to **Chronic myocarditis**

Due to **Hypertension cerebral**

Other conditions **arteriosclerosis**
(include pregnancy within 3 months of death)

Major findings: **9375**

Of operations

Of autopsy

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 **0**

23. Signature **L. M. Shepard M.D.** (M. D. or other)
Address **1234 Broadway Bldg.** Date signed **12-21-42**

3. (a) PRINT FULL NAME **Betty Metzger**

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

4. Sex **Fe** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Samuel** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **July 10th** 18**88**
(Month) (Day) (Year)

8. AGE: Years **74** Months **5** Days **20** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Ralph Dublong**

13. Birthplace **Germany**
(City, town, county) (State or foreign country)

14. Maiden name **Rosa Ruhr**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jos. Parelman**

(b) Address **202 W. 68th St.**

17. (a) **Burial** (b) Date thereof **12/31/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
Elmwood Cem.

(c) Place: burial or cremation **Carroll-Davidson**

18. (a) Signature of funeral director **3024 Troost**

(b) Address **3024 Troost**
19. (a) **12-31-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

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 *Julian K. Davidson*

Licensed Embalmer No. *1168*

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.