

State File No.

Registrar's No.

FILED FEB 27 1943

Registration District No. 149

Primary Registration District No. 1002

743

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:
Elizabeth Rest. Home, 43630 Warwick
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 months
(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. 3917 Kensington
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William H. Kariger

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 Married

6. (b) Name of husband or wife Cora Kariger 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 22 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 8 19 hr. min.

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

10. Usual occupation Retired
11. Industry or business Street Car Motorman

MOTHER FATHER

12. Name Frederick Kariger

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

14. Maiden name Unknown

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant H. E. Kariger

(b) Address 747 Tenny Ave., Kansas City, Ks

17. (a) Burial (b) Date thereof 2-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 2-12-43 (b) M. M. Browne
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15th
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Jan 11 to Feb 11, 1943;
that I last saw him alive on Feb 8, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocardite about 2 years
Duration

Due to 121 A

Due to

Other conditions Chr. arteriosclerotic atherosclerosis 2 years
(Include pregnancy within 3 months of death)

Major findings:
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)

23. Signature John P. Lewis M.D. (M. D. or other)

Address 3548 S. Broadway Date signed 2-11-43

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

Handwritten notes:
Performance of 2 p.m.
2/17/11
St. Louis, Mo.
St. Louis, Mo.
St. Louis, Mo.

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 Clarence H. Chiles

Licensed Embalmer No. 2473

P. O. Address 16 E 5th

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.