V.S. No. 2
0M—9-4-41
Rev. 5-17-39
P I X29434

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9196

State File No.

FILED MAR 25 1943

Registration District No. 1/49

Primary Registration District No. 1002

Registrar's No. 1268

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: Research Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 8 Days (Specify whether years, months or days)

In this community: 40 Years

2. USUAL RESIDENCE OF DEACESED: 24

(a) State: Missouri (b) County: Clayson 0

(c) City or town: ~~Kansas City~~ Parkville 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 1

3. (a) PRINT FULL NAME: Arthur Jacob Maurer

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or Race: White

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

6. (b) Name of husband or wife: Mrs Mary Delores Maurer

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: July (Month) 10 (Day) 1872 (Year)

8. AGE: Years 70 | Months 8 | Days 3 | If less than one day: hr. min.

9. Birthplace: Graham (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Live Stock

11. Industry or business: Live Stock Order Buyer

FATHER
12. Name: Wm. Henry Maurer
13. Birthplace: (City, town, or county) Indiana 1 (State or foreign country)

MOTHER
14. Maiden name: Mary Plasilla Maurer
15. Birthplace: Graham (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Mrs Mary Delores Maurer
(b) Address: Parkville Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 15-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill

18. (a) Signature of funeral director: F. W. Wagner
(b) Address: Kansas City Mo.

19. (a) 3/14/43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 13 year: 1943 hour: 10:30 minute: a. m.

21. I hereby certify that I attended the deceased from July 12 1935 to March 13 1943 that I last saw him alive on March 13 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intravauricular thrombosis of the heart (Centematoh + ball-valve)	2 days
Due to: Auricular fibrillation	2 days
Due to: Cardiac decompensation	2 weeks
Other conditions (Include pregnancy within 3 months of death): Arteriosclerotic heart disease	4 yrs

Major findings:
Of operations: —— 0 J.B.
Of autopsy: as above -

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? (Specify type of place)
While at work? —— (e) Means of injury: ——

23. Signature: Graham Asher (M. D. or other) M.D.
Address: 1220 Prof. Bldg. Date signed: 3-13-43

(Licensed Embalmer's Statement on Reverse Side)

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 A. R. Hanuschild

Licensed Embalmer No. 4159

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.