

V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 31 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1470

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: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Abt 2 months
(Specify whether years, months or days)

In this community 52 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. 8101 Terrace
(If rural, give location)

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

3. (a) PRINT FULL NAME MR. KONRAD METZ

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 24
year 1943 hour 6: minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan. 30
1943 to Mar 22 1943
that I last saw him alive on Mar 22 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh

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

6. (b) Name of husband or wife Anna Metz

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 30 1864
(Month) (Day) (Year)

Immediate cause of death Pulmonary edema Duration

8. AGE: Years Months Days If less than one day

78 7 24 _____ hr. _____ min.

Due to Demility due to arteriosclerosis

Due to Prostatic hyperplasia 1310

Other conditions Nephritis Chronic
(Include pregnancy within 3 months of death)

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Musician

PHYSICIAN

Major findings: None specified

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Henry Metz

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Metz

(b) Address 8101 Terrace

17. (a) Burial (b) Date thereof 3-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director J. M. Wagner

(b) Address Kansas City, Mo.

19. (a) 3-26-43 (b) M. M. Brown
(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?

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature Clarence D. Carroll (M. D. or other) _____
Address 1235 Maltz Bldg Date signed Mar 26 1943

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

36

1238
Rivalls
N1-9594

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..... *Cecil R. Matthes*

Licensed Embalmer No. *3807*

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.