

S. No. 2
 Form - 5-42
 Rev. 5-17-39
 X32873

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 9366
 Registrar's No. 1185

D MAR 20 1943

Registration District No. 149 Primary Registration District No. 1002

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:
2628 Lawn 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community over 60 yrs.
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. 2628 Lawn
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Elizabeth Weiss

3. (b) If veteran, name war NO 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Bernhard Weiss
 6. (c) Age of husband or wife if alive Deceased years
 7. Birth date of deceased January 24 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>1</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation at Home

11. Industry or business _____

MOTHER FATHER
 12. Name Georg Bass
 13. Birthplace Batesville Indiana
(City, town, or county) (State or foreign country)
 14. Maiden name Eva Bekerman
 15. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant George Weiss
 (b) Address 2628 Lawn

17. (a) Burial (b) Date thereof 3-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director John W. Wagner
 (b) Address Kansas City Missouri

19. (a) 3-8-43 (b) M. W. Crone
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th
 year 1943 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 19 1942 to Mar 7 1943
 that I last saw her alive on Feb 29 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
 Duration 1 yr

Due to Chronic nephritis 5 yrs

Due to _____
131 B

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy no

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 _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Thos. L. Drayton (M. D. or other)
 Address 910 Argyle Bldg Date signed 3/7/43

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, Missouri

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.