

FILED MAY 3 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1582

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 Kansas City General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 Hours
(Specify whether years, months or days)
 In this community 8 Years

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. 1814 Agnes Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country -----

3. (a) PRINT FULL NAME Alexander William Metzler
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 1st
 year 1943 hour 7 minute 05 A.
 21. I hereby certify that I attended the deceased from 3-31-43
 19 4.3 to 3-31- 19 4.3
 that I last saw him alive on 3-31- 19 4.3
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife -----
 6. (c) Age of husband or wife if alive ----- years

Immediate cause of death
Scarlet Fever +
Dysentery
 Duration 3 days

7. Birth date of deceased August 19 1934
(Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
8 7 15 12 hr. min.

Due to 8
 Due to -----
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations -----
 Of autopsy None

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Student

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? -----

11. Industry or business Yeager School
 12. Name Alex L. Metzler
 13. Birthplace Russia
(City, town, or county) (State or foreign country)
 14. Maiden name Ealine Kelley
 15. Birthplace Wheeling Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Alex L. Metzler
 (b) Address 1814 Agnes Avenue
 17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof April 3, 1943
(Month) (Day) (Year)

While at work? (Specify type of place) (e) Means of injury -----
 23. Signature H. Camille Anderson M.D.
 Address 6520 Judson Ave Date signed 4-2-43

(c) Place: burial or cremation Forest Hill Cemetery
 18. (a) Signature of funeral director H. Newcomer's Sons
 (b) Address 1401 Brush Creek Blvd.
 19. (a) 4-2-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

6520 Substantive Law
1:30 5:30

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. C. Newcomer Jr

Licensed Embalmer No. *4043*

P. O. Address *A. C. Newcomer*

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.