

FILED MAY 3 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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: Menorah Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks
In this community 9 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 235 Ward Parkway
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Blanch Meyer

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 5 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Wheeling, W. Va.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Alexander Hayman

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

14. Maiden name Caroline Lehman

15. Birthplace U. S. A.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. Rosenberger

(b) Address 235 Wardparkway

17. (a) removal (b) Date thereof 4/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Mo

18. (a) Signature of funeral director Carroll-Davidson
(b) Address 3024 Troost av.

19. (a) 4-8-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1943 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1
1943 to April 8 1943
that I last saw him alive on April 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease with cardiac failure
Due to with cardiac failure 2 mos
Due to 93%

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) Means of injury _____

23. Signature A. M. Brown (M. D. or other) MD
Address 425 Prof. Bldg Date signed 4-8-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Julian K. Powell, Registered Apprentice No.....
working under my personal supervision.

Signed *Julian K. Powell*.....
Licensed Embalmer No. *1168*.....

P. O. Address.....

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.