

X32873

FILED JUN 7 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**
(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 **26 days**
Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 48**
(c) City or town **Kansas City 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **15 East 41st Street 8**
(If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **FRANK C. DUER**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **487-169017**

4. Sex **Male 0** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Carrie L. Duer** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **November 17 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 5 28 hr. min.

9. Birthplace **Westport Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Sales Director**

11. Industry or business **Neuer Bros. Meat Co.**

12. Name **No Record**

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

14. Maiden name **No Record**

15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Howard F. Duer**

(b) Address **3615 Wyoming**

17. (a) **Burial** (b) Date thereof **5-17-43**
(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) **May 16/43** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **15th**
year **1943** hour **1:** minute **30** A. M.

21. I hereby certify that I attended the deceased from **Apr. 19, 1943**
to **May 15, 1943**
that I last saw him alive on **May 14**, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia -** Duration **10 days.**

Due to **Hypertension & V disease** ? yrs.
E decompensation 3 months
Due to Cerebral & Liver

Other conditions **1247**
(Includes pregnancy within 3 months of death)

Major findings: **Anuria** PHYSICIAN
Of operations
Of autopsy **me.**
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 work (Specify type of place) (c) Means of injury _____

23. Signature **Frank B. Dyer** (M. D. or other) _____
Address **924 Pruffly** Date signed **5-15-43**

924 Professional As
11-3650

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. Harnscheid

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.