

Registration District No. 177

Primary Registration District No. 1002

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 7059 Valley Road /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
In this community Life (Specify whether 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. 7059 Valley Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES WILLIAM MEHORNEY, JR.

3. (b) If veteran, name war XX 3. (c) Social Security No. 486-10-3597

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

6. (b) Name of husband or wife Gertrude Mehorney 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased January 15 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days 3
If less than one day: hr. min.

9. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Vice-President

11. Industry or business North-Mehorney Furn.Co.

MOTHER FATHER { 12. Name Charles William Mehorney
13. Birthplace St. Joseph, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Eleanor Crooks
15. Birthplace Mercersburg Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertrude Mehorney
(b) Address 7059 Valley Road

17. (a) Burial (b) Date thereof 1-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director J.M. Wagner
(b) Address Kansas City, Mo.

19. Jan 20, 1944 (b) J.B. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18
year 1944 hour 5: minute 40 P. M.

21. I hereby certify that I attended the deceased from 1-14 1944 to 1-18 1944
that I last saw him alive on 1-18-44 and that death occurred on the date and hour stated above.

Immediate cause of death Memia Duration _____

Due to Chronic Nephritis

Due to Hypertensive Heart Disease

Other conditions Acute Left-sided heart failure
(Includes pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 131h

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 work? (Specify type of place) _____ Means of injury _____

23. Signature Richard L. Pflanz M.D. (M. D. or other)
Address Plaza Med Bldg Date signed 1-19-44

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

1:00 P.M.
Dr. Engle's Office

FEB 16 1945

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.