

FILED OCT 24 1944

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:  
**934 Wyandotte Street,**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no.** (Specify whether)

In this community **all his life** (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME **Oscar E. Kayser**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **486-07-4800**

4. Sex **Male** 0

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Mary Kayser**

6. (c) Age of husband or wife if alive **54** years

7. Birth date of deceased **March 15 1885**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>59</b>	<b>6</b>	<b>15</b>	hr. _____ min.

9. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Lineotype Operator**

11. Industry or business **Walker Publications, Inc.**

MOTHER FATHER

12. Name **Gustave A. Kayser,**

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

14. Maiden name **Louise Lappengather,**

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

16. (a) Informant **Mrs. Mary Kayser,**

(b) Address **4223 Euclid, Kansas City, Mo.**

17. (a) **Burial**  
(Burial, cremation, or removal)

(b) Date thereof **10-3-44**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery,**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, Kansas City, Mo.**

19. (a) **10-2-44**  
(Date received local registrar)

(b) **T. E. Brown**  
(Registrar's signature)

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. **4223 Euclid,** **2**  
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country **x** **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **30**  
year **1944** hour **2:40** minute **P.** M.

21. I hereby certify that I attended the deceased from **Deputy Coroner**, 19  
that I last saw him alive on \_\_\_\_\_, 19  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute coronary occlusion**

Due to \_\_\_\_\_

Due to **940**

Other conditions (include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy **see above**

Duration

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)

(c) Means of injury **MI**

23. Signature **A. E. Wecker** (M. D. or other)

Address **23rd & Moberg** Date signed **10/1/44**

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 .....

..... Licensed Embalmer No. *S. J. Gilman*

P. O. Address *1415 K. S. 170*

**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.