

FILED MAY 3 1945  
Registration District No. 1749

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:  
FAIRMOUNT HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hrs. (Specify whether  
In this community 4 hrs.  
years, months or days)

3. (a) PRINT FULL NAME BABY MEYERING

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex MALE (1) race W

5. Color or W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife X

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

7. Birth date of deceased APR 20 1945  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>4 hr. 20 min.</u>

9. Birthplace KANSAS CITY MO  
(City, town, or county) (State or foreign country)

10. Usual occupation X

11. Industry or business X

12. Name JOHN P. KELLY

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

14. Maiden name GERTRUDE MEYERING

15. Birthplace LUCAS MICH  
(City, town, or county) (State or foreign country)

16. (a) Informant FAIRMOUNT HOSPITAL

(b) Address 1414 E 27

17. (a) Burial (b) Date thereof Apr 24-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director A P Doshier

(b) Address 1415 E 15

19. (c) 4-23-45 (d) Seraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 44

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")

(d) Street No. 1414 E 27  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 20  
year 1945 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from APR 20  
1945, to APR 20, 1945;

that I last saw him alive on APR 20, 1945;  
and that death occurred on the days and hour stated above.

Immediate cause of death Selectam Duration \_\_\_\_\_

Due to Prematurity

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

Other conditions (Include pregnancy within 3 months of death) 159

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Frank J. Lowrey (M. D. or other) \_\_\_\_\_  
Address 732 Professional Bldg Date signed 4-24-45

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**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.....

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.**