

**FILED JUN 1 1945**  
**1945**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

Registrar's No. **2118**

**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: **Research Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **since 5-7-45**  
(Specify whether years, months or days)  
 In this community **30 years**

**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. **214 Brush Creek Blvd.,**  
(If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **George R. Auerochs**  
 (b) If veteran, name war **no.** (c) Social Security No. **no.**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **May** day **14th**  
 year **1945** hour **12:50** minute **P.** M.  
**21. I hereby certify that I attended the deceased from**  
**Feb 12** 19**45** to **May 12** 19**45**  
 that I last saw him alive on **May 14** 19**45**  
 and that death occurred on the date and hour stated above.

**4. Sex** **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **Ada Auerochs** **6. (c) Age of husband or wife if alive** **unknown** years  
**7. Birth date of deceased** **February 16** **1884**  
(Month) (Day) (Year)

Immediate cause of death **Brain Tumor - R hemisphere**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions **546**  
(Include pregnancy within 3 months of death)

**8. AGE:** Years Months Days If less than one day  
**61** **2** **28** hr. min.

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

**10. Usual occupation** **Realtor**

**11. Industry or business** **X**

**MOTHER FATHER**  
**12. Name** **Robert Auerochs,**  
**13. Birthplace** **Maryland,**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Anna Seleck**  
**15. Birthplace** **Iowa,**  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy **tumor mass - grossly apical**  
**metastatic**

**16. (a) Informant** **Mrs. Ada Auerochs**  
**(b) Address** **214 Brush Creek, Kansas City, Mo.**

**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? \_\_\_\_\_

**17. (a) (Burial, cremation, or removal)** **Burial** **(b) Date thereof** **5-16-45**  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** **Davenport, Iowa.**

**18. (a) Signature of funeral director** **Stina & McClure,**  
**(b) Address** **3235 Gillham Plaza, K. C., Mo.**

**19. (a) (Date received local registrar)** **5-16-45** **(b) (Registrar's signature)** **Sheraldine Holmes**  
 Address **244 P. O. Box 1324, K. C., Mo.** Date signed **5-15-45**

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

48  
3  
8

Dr. D. R. ~~Haddock~~

Black

*Prof. Black*

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 *[Signature]*  
Licensed Embalmer No. *1415*  
P. O. Address *[Signature]*

**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.