

BUREAU OF THE CENSUS
FILED JUN 1 1945

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2170

38
33
8

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:
321 Ward Parkway 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 45 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City 48
(If outside city or town limits, write "RURAL")

(d) Street No. 321 Ward Parkway 3
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nathan D. Mayer

3. (b) If veteran, name war no

3. (c) Social Security No. 342-01-36601

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1945 hour 2 minute 30 A. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Edna Mayer

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Sept 13 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1
1945, to May 17 1945;
that I last saw him alive on May 17, 1945;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>8</u>	<u>4</u>	hr. _____ min. _____

Immediate cause of death Myocardial infarction with embolic factors

Due to Coronary occlusion

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

10. Usual occupation Salesman

Due to _____

Other conditions (include pregnancy within 3 months of death) 932

MOTHER FATHER

11. Industry or business _____

12. Name David Mayer

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

14. Maiden name E. Rothchild

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

16. (a) Informant Hart Mayer

(b) Address 321 Ward Parkway

17. (a) Entombment (b) Date thereof 5/26/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Mausoleum

18. (a) Signature of funeral director Carroll Davidson

(b) Address 3024 Troost ave

19. (a) 5-19-45 (b) Christine Holmes
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury _____

23. Signature Frank J. Giff (M. D. or other) _____
Address 345 W. Main St Date signed 5/28/45

HC 2 m

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 Kathryn E. Davidson
Licensed Embalmer No. 3648
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.