

**FILED** AUG 17 1945

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

Primary Registration District No. 1802

Registrar's No. 3243

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:  
107 Ward Parkway  
(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 3 years  
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. 107 Ward Parkway  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Louise Merwarth

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife George Merwarth 6. (c) Age of husband or wife if alive dec. years  
7. Birth date of deceased 16 February 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 5 17/16 hr. min.

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER  
12. Name William Rooh  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Louise Hoffman  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant A. B. Beckwith,  
(b) Address 107 Ward Parkway, Kansas City, Mo  
17. (a) Removal (b) Date thereof 8-2-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Parsons, Kansas,

18. (a) Signature of funeral director Stine & McClure,  
(b) Address 3235 Gillham Plaza, K. C., Mo.  
19. (a) 8-2-45 (b) Therelaine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2nd  
year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Aug 1st 1945 to Aug 2nd 1945  
that I last saw him alive on Aug 1st 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Apoplexy  
Removal of left  
Due to General Arterio-sclerosis  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 830  
Major findings:  
Of operations none  
Of autopsy none

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) (e) Means of injury fall

23. Signature Tom E. Green (M. D. or other)  
Address 807 G. E. P. Bldg. Date signed 8/2/45

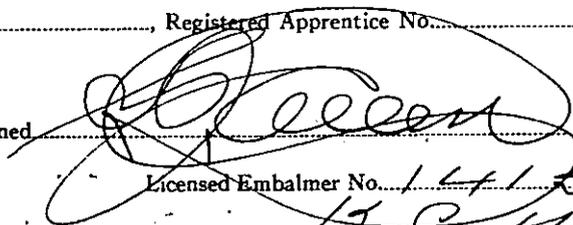
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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. 14415

P. O. Address. H. C. ...

**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.**