No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10353

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1605

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5498

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: 5925 OAK STREET 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 53 YEARS (Specify whether years, months or days)

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. 5925 OAK STREET 8
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME MRS JULIA WIRTH METZ
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED 4
6. (b) Name of husband or wife MR. JACOB METZ
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased AUGUST (Month) 27 (Day) 1865 (Year)

8. AGE: Years 80 Months 4 Days 2 If less than one day hr. min.

9. Birthplace LEAVENWORTH COUNTY (City, town, or county) KANSAS (State or foreign country) 1
10. Usual occupation AT HOME
11. Industry or business

MOTHER FATHER
12. Name JOHN WIRTH
13. Birthplace GERMANY 4 (City, town, or country) (State or foreign country)
14. Maiden name ROSA MARY KAHLER
15. Birthplace GERMANY 4 (City, town, or country) (State or foreign country)

16. (a) Informant Freda M. Michel
(b). Address 5925 Oak
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 2 1946
(c) Place: burial or cremation HIGHLAND PARK CEMETERY KANSAS CITY, KANSAS
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 12-31-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 29TH year 1945 hour 9 minute 12 P. M.
21. I hereby certify that I attended the deceased from Dec 28, 1945, to Dec 29, 1945, that I last saw her alive on Dec 29, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bronchial — Duration
Due to
Due to
Other conditions Chronic myocardial degeneration
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy — 93 8

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? —
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury 2

23. Signature H. R. Scott (M. D. or other) M.D.
Address 6155 Oak st Date signed Dec 30/45

(Licensed Embalmer's Statement on Reverse Side)

6155 Oak street
10-12

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 Earl Raffo

Licensed Embalmer No. 23458

P. O. Address K. C. 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.