

FILED JAN 31 1946

Registration District No. 177

Primary Registration District No. 1002

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:
916 1/2 E 12th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
(c) City or town Kansas City MO
(If outside city or town limits, write "RURAL")
(d) Street No. 916 1/2 E 12th St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Madeline Metzger Metzger

4. DATE OF DEATH: Month Jan day 18
year 1946 hour 5 minute 40 A.M.

3. (b) If veteran, name war NO 3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from Jan, 1946, to Jan, 1946; that I last saw h. alive on Jan 18 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mr Tony Metzger 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Feb 1 1915
(Month) (Day) (Year)

Immediate cause of death Pneumonia

8. AGE: Years 30 Months 11 Days 17 If less than one day hr. _____ min. 0

Due to alcoholism

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

Due to _____

10. Usual occupation House Wife

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

11. Industry or business _____

Major findings: Of operations _____

12. Name Wilbert P. Curtis 0

Of autopsy no

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

Hunting & Ingestion

14. Maiden name Hattie McCort 0

22. If death was due to external causes, fill in the following:

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

(a) Accident, suicide, or homicide (specify) _____

16. (a) Informant Mrs Hattie Rollard

(b) Date of occurrence _____

(b) Address 5924 Sutter

(c) Where did injury occur? _____ (City or town) (County) (State)

17. (a) Burial (b) Date thereof 1/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation Geoklawr

While at work? _____ (Specify type of place) (e) Means of injury gun

18. (a) Signature of funeral director Parent's Bros.

23. Signature James Walker (M. D. or other) _____

(b) Address M. C. Metzger

Address 1424 1/2 N. 1st Date signed 1-18-46

19. (a) 1-19-46 (b) Madeline Holmes
(Date received local registrar) (Registrar's signature)

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

1132

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 *J. S. Malton*.....

Licensed Embalmer No. *2744*.....

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.