

FILED JUN 20 1946
149

Registration District No.

Primary Registration District No. 1002

Registrar's No. 2520

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

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: Office - 1313 Westport Rd. 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 YEARS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME RALPH E. KIEFFER

3. (b) If veteran, name war no
3. (c) Social Security No. 495-01-9948

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife: MEDA H. KIEFFER
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased: AUGUST 29 1900
(Month) (Day) (Year)

8. AGE: Years 45 Months 109 Days 7
If less than one day hr. min.

9. Birthplace PIERCE CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation THEATER BOOKER

11. Industry or business MOTION PICTURE

12. Name JOHN F. KIEFFER

13. Birthplace BUCYRUS CO. OHIO
(City, town, or county) (State or foreign country)

14. Maiden name ALMA JOHN'S

15. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant: Alan F. Kieffer

(b) Address 105 W 39th KC. MO.

17. (a) BURIAL (b) Date thereof 6-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEM. LAWRENCE

18. (a) Signature of funeral director: Funk's Mortuary

(b) Address LAWRENCE KANSAS

19. (a) 6-7-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 105 W 39th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 6
year 1946 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from 4 hours on this date, 1946, to 1946; that I last saw him alive on 6-6-46 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute alcoholism

Due to: Chronic alcoholism

Due to: Cardiac decompensation myocardial degeneration

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations: 93d
Of autopsy:

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) (c) Means of injury

23. Signature: Dr. E. H. Bird (M.D. or other) D.D.
Address 1313 Westport Rd. Date signed 6-7-46

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 W. Forman
Licensed Embalmer No. 3587
P. O. Address Lawrence Kansas

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.