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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20394

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2576

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:
3327 CHARLOTTE STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
(Specify whether years, months or days)
In this community 65 YEARS

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. 3327 CHARLOTTE STREET 8
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)

If yes, name country GERMANY

3. (a) PRINT FULL NAME MR ADOLPH MAYER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife MRS. ROSA HEUSEL MAYER

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

7. Birth date of deceased FEBRUARY (Month) 26 (Day) 1854 (Year)

8. AGE: Years 92 Months 3 Days 14 If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) GERMANY (State or foreign country) 4

10. Usual occupation RETIRED - 30 YEARS

11. Industry or business GROCER + BUTCHER

FATHER
12. Name RUDOLPH MAYER
13. Birthplace (City, town, or county) GERMANY (State or foreign country) 4

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) GERMANY (State or foreign country) 4

16. (a) Informant MRS MARY J. STINSON
(b) Address 3327 CHAROLLETTE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUN 12, 46 (Month) (Day) (Year)
(c) Place: burial or cremation FLORAL HILLS CEMETERY

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 6-11-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 10TH year 1946 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 10, 1945, to June 10, 1946 that I last saw him alive on June 10, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis — Duration 1 yr

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 131 b

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) ACCIDENT

(b) Date of occurrence June 31 46

(c) Where did injury occur? 3327 CHARLOTTE (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? AT HOME (Specify type of place)

While at work? (e) Means of injury 1

23. Signature David Gerstner (M.D. or other) DC

Address 418 Altman Bldg Date signed June 11 46

(Licensed Embalmer's Statement on Reverse Side)

Allman Bldg.

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 Melvin Miller

Licensed Embalmer No. 4407

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.