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4-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF TRADE MARKS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27138

FILED AUG 9 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3380

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:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days  
(Specify whether years, months or days)

In this community 5 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  
(If outside city or town limits, write "RURAL")

(d) Street No. 3601 Bales  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Luther Earl German

3. (b) If veteran, name war no.

3. (c) Social Security No. 488-22-8442

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Delores German

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased May 19 1920  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
26 2 27 10 hr. 1 min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5  
year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 24, 1946 to Aug. 5, 1946, that I last saw him alive on Aug. 5, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death chronic Nephritis c uremia

Duration

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

10. Usual occupation Truck Driver

11. Industry or business X

MOTHER FATHER {

12. Name Tom German

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

14. Maiden name Bessie Miller

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

16. (a) Informant Mrs. Delores German

(b) Address 3601 Bales, Kansas City, Mo.

17. (a) removal (b) Date thereof 8-5-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborn, Missouri

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-6-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

Due to

Due to

Other conditions 1315  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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? Osborn, Missouri  
(City or town) (County) (State)

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

While at work? Med. Dir. Gen'l Hosp  
(Specify type of place) (e) Means of injury

23. Signature W. W. Hart (M. D. or other) MD  
Address Med. Dir. Gen'l Hosp Date signed 8-6-46

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

*R. M. H. Jones*

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**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.....

*R. M. H. Jones*

Licensed Embalmer No. 1415

P. O. Address. R. C. M. J.

**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.**