

FILED JAN 20 1947

Primary Registration District No. 4099

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Pleasant Hill
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 38 yrs years, months or days

3. (a) PRINT FULL NAME FRANK LAWRENCE MERTSHEIMER

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sylvia Mertsheimer 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Jan 25 1880 (Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 16 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Garage owner

MOTHER FATHER
12. Name Frederick Mertsheimer
13. Birthplace Cleveland Ohio (City, town, or county) (State or foreign country)
14. Maiden name Marian Baldwin
15. Birthplace Parkman Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Sylvia Mertsheimer

(b) Address Pleasant Hill MO

17. (a) Burial (b) Date thereof Jan 14, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Park, Kansas City

18. (a) Signature of funeral director W. J. Herrick

(b) Address Pleasant Hill MO

19. (a) 1-13-1947 (Date received local registrar) (b) Rama J. Jones (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Pleasant Hill (If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1947 hour 10 minute 05 P.M.

21. I hereby certify that I attended the deceased from 17 NOV. 1946 to 11 JAN 1947
that I last saw him alive on 11 JAN 1947
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL EMBOLUS

Due to CARCINOMA OF THE DUODENUM

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations NONE

Of autopsy NONE PERFORMED.

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) (e) Means of injury _____

23. Signature W. J. Herrick (M. D. or other) M. D.

Address Pleasant Hill Mo Date signed 13 Jan 1947

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

920

DEC 6 1957

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. Virgil Herrick
Licensed Embalmer No. 3599
P. O. Address Pleasant Hill, 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.