

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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:
3236-E-7th-1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 60 yrs
years, months or days

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. 3236 East 7th street **8**
(If rural, give location)
 (e) Citizen of foreign country? no **0**
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Allen Meinhoffer
3. (b) If veteran, name war no
3. (c) Social Security No. 496-16-2264

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
 year 1947 hour 11 minute 15 M.
21. I hereby certify that I attended the deceased from about fifty years
ago 1900 to 1947;
 that I last saw him alive on March 21 - 9:30 AM, 1947;
 and that death occurred on the date and hour stated above.

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced, widower Widower
6. (b) Name of husband or wife Gertude May Meinhoffer
live _____ years
6. (c) Age of husband or wife if _____ years
7. Birth date of deceased Mar-12-1862
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis
 Due to Arteriosclerosis

8. AGE: Years 85 Months 0 Days 9
 If less than one day hr. _____ min. _____

Due to Age
 Other conditions 94a
(Include pregnancy within 3 months of death)

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

10. Usual occupation Barber

Major findings: 94a
 Of operations _____
 Of autopsy no
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Meinhoffer

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

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Homer Hall Menick

(b) Address Wichita Kansas

17. (c) Burial Burial **(b) Date thereof** Mar-24-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mr. C. R. Forster

(b) Address 918 Brooklyn

19. (a) 3-24-47 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Richard W. ... **(M. D. or other)** _____
(Specify type of place) (e) Means of injury

Address 928 Argyle Bldg **Date signed** Mar 21-47

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

Original Body

10322...

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed: *Orlando M. Moore*

..... Licensed Embalmer No. *3414*

..... P. O. Address *918 Brawley*

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.