

Registration District No. 149 Primary Registration District No. 1002

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:
Long Convalescent Home-1441 Indep
(If not in hospital or institution, write street number or location) Ave
(d) Length of stay: In hospital or institution 3 Months
(Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 1817 Evaston
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MORRIS C. 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 Widower
6. (b) Name of husband or wife Susie Mayer
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 23 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>11</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation Watchman

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Mayer 4

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

14. Maiden name Amelia Salsburg

15. Birthplace Germany
(City, town, or county) (State or foreign country) 4

16. (a) Informant Ira Mayer

(b) Address 4232 East 60th Terr

17. (a) Burial (b) Date thereof 6/16/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington Cemetery

18. (a) Signature of funeral director Duick and Robin

(b) Address 20 West Linwood

19. (a) 6-14-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day June
year 1947 hour _____ minute P M.

21. I hereby certify that I attended the deceased from July 10 1946 to June 13 1947
that I last saw him alive on June 13 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure (Left Ventr.)
Due to arterio sclerosis
Duration 2 days

Due to _____
Duration _____

Other conditions 838
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____
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)

(e) Means of injury _____

23. Signature W. S. Truitt (M. D. or other) _____

Address 900 Reeds Bldg. Date signed 6/14/47

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

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 *John W. Laybourn*
Licensed Embalmer No. *1715*
P. O. Address *K E 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.