

**FILED JUN 17 1947**

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

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

1. PLACE OF DEATH: **Jackson**

(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:  
**6427 East 15th Terrace /**  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **6427 East 15th Terrace**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT **MRS. MINA WEISSER**  
FULL NAME \_\_\_\_\_

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

3. (c) Social Security No. **None**

4. Sex **Fe** 5. Color or race **Wh**

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

6. (b) Name of husband or wife **Eugene Weisser**

6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **December 30 1889**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	5	<del>30</del>	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Ereich Schneider**

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

14. Maiden name **No Record**

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

MOTHER FATHER

16. (a) Informant **Eugene Weisser**

(b) Address **6427 E. 15th Terrace**

17. (a) **Burial** (b) Date thereof **6-2-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills**

18. (a) Signature of funeral director **J.W. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **6-2-47** **Gertrudine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **30th**  
year **1947** hour **7:** minute **40** A. M.

21. I hereby certify that I attended the deceased from **2-1-1947** to **5-30-1947**  
that I last saw **her** alive on **5-29-47**, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **C coronary thrombosis**

Due to **indocarditis** **9/mo**

Due to **myocarditis**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations **922**

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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? \_\_\_\_\_  
(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)  
Means of injury \_\_\_\_\_

23. Signature **L.G. Patten** (M. D. or other)  
Address **724 Prof. Bldg. K.C.** Date signed **5/30/47**

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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..... *A. R. Harnusch*.....  
..... Licensed Embalmer No. *4159*.....  
..... 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.**