

FILED DEC 28 1948

Registration District No. 22

Primary Registration District No. 3013

Registrar's No. 114

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

1. PLACE OF DEATH:

(a) County Clay
(b) City or town North Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2929 Swift, Alpha Apt.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
(Specify whether
In this community 10 Years
years, months or days)

3. (a) PRINT FULL NAME Frank T. Maurer

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Nettie Maurer 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Sept 12 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 15 If less than one day X hr. min.

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

10. Usual occupation Retired Druggist

11. Industry or business Same

12. Name Morgan Maurer

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

14. Maiden name Hattie Green

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

16. (a) Informant Mrs Nettie Maurer

(b) Address 2029 Swift, North Kansas City
Burial. (b) Date thereof 12-1-1948

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah, K.C. Mo.

18. (a) Signature of funeral director Morton-Smith's F.H.

(b) Address 832 Armour Road, N.K.C. Mo.

19. (a) Dec 14 48 (b) Beulah Kitchin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town North Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2029 Swift 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1948 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5-8-44
19... to death 19...
that I last saw him alive on 11-25 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration 30 min
accident

Due to hypertension

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (e) Means of injury

23. Signature R. D. Dunham MD (M. D. or other)

Address 2025 Swift Date signed 11-30-48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-27-48

MAY 5 1945

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 Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North 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.