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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40256

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5260

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: OSTEOPATHIC HOSPITAL - 11th HARRISON (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12-4-48 to 12-25-48 (Specify whether years, months or days)
In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL") 5
(d) Street No. 137 N WHITE (If rural, give location) 8
(e) Citizen of foreign country? — no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME MRS Rose MAYER
3. (b) If veteran, name war —
3. (c) Social Security No. 493-26-1761
4. Sex FE
5. Color or race Wh
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FRANK N. MAYER
6. (c) Age of husband or wife if alive UNK. years
7. Birth date of deceased SEPT (Month) 10 (Day) 1912 (Year)

8. AGE: Years	Months	Days	If less than one day
36	3	15	hr. min.

9. Birthplace KANSAS CITY (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation CLERK - MAIL DEPT
11. Industry or business MONTGOMERY WARD
FATHER
12. Name JOHN-SMITH
13. Birthplace MOSCOW (City, town, or county) RUSSIA (State or foreign country)
MOTHER
14. Maiden name KATHERINE BECK
15. Birthplace (City, town, or county) HUNGARY (State or foreign country)
16. (a) Informant FRANK N. MAYER
(b) Address 137 N WHITE KCMO
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof DEC 28 1948 (Month) (Day) (Year)
(c) Place: burial or cremation MT CALVARY KCKS
18. (a) Signature of funeral director JOSA BUTLERS SONS
(b) Address 22 So 18th KCKS
19. (a) 12-27-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 25 year 1948 hour 4 minute 15 P.M.
21. I hereby certify that I attended the deceased from 12-4-48, 1948, to DEC 25, 1948; that I last saw her alive on DEC 25, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death UREMIA DUE TO ACUTE EXACERBATION OF CHRONIC GLOMERULONEPHRITIS	11-17-48 → 12-26-48
Due to PREGNANCY	9 Mo.
Due to	
Other conditions 9 MONTH MACERATED FETUS (Include pregnancy within 3 months of death) Expelled 12-16-48	

Major findings:
Of operations
Of autopsy BILATERAL HYDROTHORAX, FIBRINOUS PERICARDITIS, ACUTE GLOMERULONEPHRITIS

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? (Specify type of place)
While at work? Milton S. Steinberg (e) Means of injury
23. Signature Milton S. Steinberg (M.D. or other) D.O.
Address 926 E. 11th St Kansas City, Mo. Date signed 12-26-48

(Licensed Embalmer's Statement on Reverse Side)

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 Russell W Dennis

Licensed Embalmer No. 3462

P. O. Address Kansas City Kansa

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.