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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 29 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40260

Registrar's No. 4981

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: St. Lukes Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 Days  
(Specify whether  
In this community Life  
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. 135 E Linwood  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: Beverly Ruth Metsker

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased November 18 1948  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
16 hr. min.

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

10. Usual occupation XX infant

11. Industry or business XX

12. Name Lowell L. Metsker

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

14. Maiden name Darline Bockelman

15. Birthplace Kansas City, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Lowell L. Metsker

(b) Address 135 E. Linwood, K.C. Mo.

17. (a) Burial (b) Date thereof 12/6/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cem

18. (a) Signature of funeral director J.W. Wagner  
(b) Address Kansas City, MO

19. (a) 12-6-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4  
year 1948 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from 1948 to 1948;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Spinal Meningitis Duration \_\_\_\_\_  
Due to Spina bifida

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 157 lb

Major findings: Of operations \_\_\_\_\_  
Of autopsy Same 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) (c) Means of injury 0  
23. Signature E.C.H. Schmidt (M. D. or other) \_\_\_\_\_  
Address St. Lukes Hospital Date signed \_\_\_\_\_

3 Dec 1948

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

MOTHER FATHER

**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 \_\_\_\_\_

Eugene L. Kennou, Registered Apprentice No. 217  
working under my personal supervision.

Signed Abrie R. Harnschke

Licensed Embalmer No. 4159

P. O. Address K. C. 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.**