

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40882
5573

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
c. LENGTH OF STAY (In this place) 18 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
d. STREET ADDRESS (If rural, give location) 3606 Locust

3. NAME OF DECEASED
a. (First) Robert b. (Middle) William c. (Last) Metzler Melchior

4. DATE OF DEATH (Month) (Day) (Year)
12 30 50

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 6-28-1882

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 MIN. Hours Min. _____

10a. USUAL OCCUPATION (Give kind of work done during some of working life, even if retired) Retiree

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Unknown

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unk.

17. INFORMANT'S SIGNATURE, OR NAME ADDRESS Record Clerk: R.C. Gen. Hosp. #1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodgkins disease
ANTECEDENT CAUSES
DUE TO (b) _____
DUE TO (c) _____
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
201X

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from June 14, 1950, to Dec. 30, 1950, that I last saw the deceased alive, on Dec. 30, 1950, and that death occurred at 4:35A m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) M.D.

23b. ADDRESS 24th & Cherry

23c. DATE SIGNED 12-30-50

24a. BURIAL CREMATION (REMOVAL) (Specify) Burial

24b. DATE 1-4-51

24c. NAME OF CEMETERY OR CREMATORY Wt. Calvary

24d. LOCATION (City, town, or county) (State) Kansas City, Kan.

DATE REC'D BY LOCAL REG. 12-31-50

REGISTRAR'S SIGNATURE Seraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. E. Weilest: P.O. 8, Mo.

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

dc 8415
702 3173

Handwritten notes in the top right corner, including a checkmark and illegible text.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

D. E. Walbert

Signed.....
Student Embalmer

Licensed Embalmer No. *4075*

P. O. Address *L.C. 8, Md.*

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.