

FILED OCT 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33797**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4233

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS <u>Villa Serena Apt. 701</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorah</u>			
3. NAME OF DECEASED a. (First) <u>Cora</u>		b. (Middle) <u>Mayer</u>	
		c. (Last) <u>Rieger</u>	
4. DATE OF DEATH <u>10-4-51</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>10-7-1880</u>
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Sister</u>		13a. FATHER'S NAME <u>David Mayer</u>	
13b. MOTHER'S MAIDEN NAME <u>Matilda Schütz</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Benjamin Natkin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Benjamin Natkin</u> ADDRESS <u>321 Ward Parkway</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renal Failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma (a.o.s.)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>1992</u>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9-19</u> , 19 <u>51</u> , to <u>10-4</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-4</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>William J. Mundy M.D.</u>		23b. ADDRESS <u>M.D. 420 Professional Bldg. K.C. Mo</u>	
23c. DATE SIGNED <u>10-4-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	
24b. DATE <u>10/5/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE</u> ADDRESS <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-4-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer,

Signed *Gerald Bruner*

Licensed Embalmer No. *4763*

P. O. Address *Karnes 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.