

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41727

State File No. ....

5275

FILED DEC 26 1951

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>314 W. 17 St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>T.</u> c. (Last) <u>Mauersberger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 6 51</u>
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-23-1861</u>
9. AGE (In years last birthday) <u>90 87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Saxony, Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>No Record</u>	13b. MOTHER'S MAIDEN NAME <u>No Record</u>
14. NAME OF HUSBAND OR WIFE <u>Johanas Max Mauersberger</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Johanas Max Mauersberger</u>		ADDRESS <u>314 W 17th</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		INTERVAL BETWEEN ONSET AND DEATH  <u>4 1/2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Streptococcal bronchopneumonia and pleuritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriolar nephrosclerosis Generalized arteriosclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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) (Min)	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 Dec. 4, 1951, to Dec. 6, 1951, that I last saw the deceased alive on Dec. 6, 1951, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. H. Stratemeier</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>24th &amp; Cherry</u>	23c. DATE SIGNED <u>12-6-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-8-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>
24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>		

DATE REC'D BY LOCAL REG. <u>12-8-51</u>	REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. M. Wagner</u>	ADDRESS <u>K. 6 Mo.</u>
---	---	--	-------------------------

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

*R. H. Johnson*

---

---

**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

*Ralph M. Baughman*

Licensed Embalmer No. ....

*4841*

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.