No. 300
10.48

FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29223

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 136

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harrisonville
c. LENGTH OF STAY (in this place) 12 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1500 So Independence Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cass
c. CITY OR TOWN Harrisonville
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 1500 So Independence Ave

3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) VOIGT c. (Last) MAYER

4. DATE OF DEATH (Month) Sept (Day) 28 (Year) 1955

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 2 1878
9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or foreign country) St. Clair Co. Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME C.H. Krueger
13b. MOTHER'S MAIDEN NAME Catherine Fricke
14. NAME OF HUSBAND OR WIFE Ludwig Mayer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME Ludwig Mayer ADDRESS Harrisonville Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leucemia, Lymphocytic — INTERVAL BETWEEN ONSET AND DEATH 8 Mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) 2040

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 ☐ 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) m. ✓
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* _____, 1950, *to* Sept 28, 1955, *that I last saw the deceased alive on* Sept 28, 1955, *and that death occurred at* 8 A *m., from the causes and on the date stated above.*

23a. SIGNATURE O. B. Barzi (Degree or title) MD
23b. ADDRESS Harrisonville Mo
23c. DATE SIGNED Sept 30, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 30-1955
24c. NAME OF CEMETERY OR CREMATORY Chapel Cemetery
24d. LOCATION (City, town, or county) East Lynne (State) Mo.

DATE REC'D BY LOCAL REG. Sept 30-1955
REGISTRAR'S SIGNATURE Dora Barilard 457-1
25. FUNERAL DIRECTOR'S SIGNATURE Runnenburgers ADDRESS Harrisonville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 8 1958

RECEIVED
OCT 3 1955
HEALTH DEPARTMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James R. Phillips

Licensed Embalmer No. 46

P. O. Address Harrison

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.