

FILED OCT 24 1956

STANDARD CERTIFICATE OF DEATH

34124

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. A371

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2554 Charlotte		Length of stay in 1b 64 years	43 rd STREET ADDRESS 2554 Charlotte		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Maynard			First Maynard	Middle o	Last Meiners
4. DATE OF DEATH October 3, 1956		Month October	Day 3	Year 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 21, 1878		9. AGE (In years last birthday) 78
IF UNDER 1 YEAR Months 78	IF UNDER 24 HRS. Days 78	Hours 78	Min. 78		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer Retired		10b. KIND OF BUSINESS OR INDUSTRY Self employed	11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Henry Meiners			14. MOTHER'S MAIDEN NAME Catherine Muckerkeide		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-09-0692	17. INFORMANT Address Lenna Meiners 2554 Charlotte Kan C, Mo		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Toxemia due to peritonitis DUE TO (b) perforation of intestine DUE TO (c) intestinal obstruction - cecitis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) arteriosclerotic heart disease					INTERVAL BETWEEN ONSET AND DEATH 5711
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour 4:30 a. m. 30 p. m. 30	Month 3-56	Day 3-56	Year 3-56		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Sept 30-56 to Oct 3-56 and last saw him alive on Oct 3-56 . Death occurred at 4:30 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James E. Griffin Jr.		22b. ADDRESS 3900 Paces Rd		22c. DATE SIGNED 10/5/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 8 1956	23c. NAME OF CEMETERY OR CREMATORY Mt Olivet Cem.	23d. LOCATION (City, town, or county) - Kansas City Missouri		
24. FUNERAL DIRECTOR Melody Mc Gilley		ADDRESS Lyar Kan City Mo.	25. DATE RECD. BY LOCAL REG. 10-8-56	26. REGISTRAR'S SIGNATURE Mrs. Minshall	

Dr. Griffin
3910 Pass

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.....
Signature of Student Embalmer

PX
Signed.....
2999

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.