

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41624

STATE FILE NUMBER

5326

FILED DEC 31 1956

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

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) Town Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Mary's Hospital		Length of stay in 1b 66 Years	
d. STREET ADDRESS 506 East 26th Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) GERARD MEINERS			4. DATE OF DEATH Dec. 7 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 April 23 1873	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Owner and oper.		10b. KIND OF BUSINESS OR INDUSTRY Retail Grocery		11. BIRTHPLACE (City and state or country) Basil, Oldenberg, Germany		12. CITIZEN OF WHAT COUNTRY? USA	
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13. FATHER'S NAME Henry Meiners		14. MOTHER'S MAIDEN NAME Catherine Muckerkeide	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Mrs. Alice Purcell 5325 Rockhill Kan City	
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18. CAUSE OF DEATH [Enter only one cause for line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 6 hrs.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) _____		
			DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)			
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20c. TIME OF INJURY - a. m. p. m.		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	
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21. I attended the deceased from June 1952 to Dec 7 1956 and last saw her alive on 12/7/56 Death occurred at 2:47 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
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22a. SIGNATURE (Degree or title) Frank A. O'Connell M.D.			22b. ADDRESS 7951 State Line K Mo		22c. DATE SIGNED 12/7/56
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 10, 1956	23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cem.		23d. LOCATION (City, town, or county) (State) Kansas City Missouri	
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24. FUNERAL DIRECTOR Melody McGilley Eyer Kansas City Mo.		25. DATE RECD. BY LOCAL REG. 12-8-56	26. REGISTRAR'S SIGNATURE Neva Marshall		
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(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible. Coroner cannot certify to a death due to natural causes. Factor, coroner, etc. must use only standard embalmers' certificates. Diseases in Part I must be casually related.

Frank A. O'Connell

MEDICAL CERTIFICATION

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Dr. O'Connell
7957 State Line
1-5 PM

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

Signed.....
James W. Wair

Licensed Embalmer No. 46

P. O. Address K.C., Mo.

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.