

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Mary Meller

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Infant

6. (b) Name of husband or wife Child

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 14th 1941  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>Premature</u>		<u>1</u>	hr. _____ min.

9. Birthplace K. C. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Phil Meller

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Loretta Choka

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Phil Meller

(b) Address 117 No. Drury

17. (a) Burial (b) Date thereof Jan 20th  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cem

18. (a) Signature of funeral director Rose & Henderson  
K. C. Mo.

(b) Address \_\_\_\_\_

19. (a) Jan 20 1941 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town K. C. Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 117 North Drury  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 th  
year 1941 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from Jan 14, 1941, to Jan 15, 1941; that I last saw her alive on Jan 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (7 months)

Due to Lobar Pneumonia (of mother)

Due to 59

Other conditions \_\_\_\_\_  
(Includes pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury.

23. Signature [Signature] (M. D. or other) D

Address 1013 1/2 Edward Date signed 1-19-41

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*J. C. Henderson*

Licensed Embalmer No.

*3657*

P. O. Address.....

**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.**