

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

FILED NOV 1 1948 149  
Registration District No. \_\_\_\_\_

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. Marys Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 4 days  
(Specify whether years, months or days)

In this community 25 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 1808 Bristol  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Peter Aye

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or race White 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 22 1875  
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Chas Grady  
(b) Address 1808 Bristol

17. (a) Burial (b) Date thereof Oct 8 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Local Hellam

18. (a) Signature of funeral director Earp Funeral Home  
(b) Address 4139 E. 15th St. Kansas City, Mo

19. (a) 10-7-43 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4th, year 1943 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 7, 1943, to Oct 7, 1943, that I last saw him alive on Oct 7, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Suppurative Meningitis, Acute Orbital Cellulitis, Acute facial Cellulitis  
Due to Infection of unknown etiology.

Due to 7/10

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations L

Of autopsy As described

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

(a) Accident, suicide, or homicide (specify) L  
(b) Date of occurrence L  
(c) Where did injury occur? L  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? L

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

23. Signature Paul A. Stoker (M. D. or other) \_\_\_\_\_  
Address Kansas City, Mo Date signed Oct 7 1943

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....  
*John D. Corp*  
Licensed Embalmer No. *2955*  
P. O. Address *219 Me*

**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.**