

No. 2
2-43
17-39
X35897

FILED FEB 10 1944
Registration District No. 799

Primary Registration District No. 1002

State File No. _____

Registrar's No. 459

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: 2315 Lawn 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 10 years
years, months or days

3. (a) PRINT FULL NAME FERDINAND MEYER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Widower

6. (b) Name of husband or wife Catherine 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 18, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 9 7 hr. _____ min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name Christopher Ank

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rhoda Hegmann
(b) Address Aurora, Missouri

17. (a) Burial (b) Date thereof 1/25/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Quirk and Dolan Co
(b) Address 20 West Linwood Blvd

19. (a) Jan 27, 1944 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL.")

(d) Street No. 4033 Troost Avenue
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th
year 1944 hour 10: minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him Respectfully to Coroner
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Inspection and history

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 A. E. Upsher (M. D. or other) M. P.
Address 22 Maple Date signed 1/26/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Charles M. Quirk*

Licensed Embalmer No..... *3974*

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.