

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED JUL 16 1946

State File No. _____

Registration District No. 197

Primary Registration District No. 1002

Registrar's No. 2957

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

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: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: 4 hrs 30 min
(Specify whether in hospital or institution)

In this community 4 hrs 30 min
(years, months or days)

3. (a) PRINT FULL NAME Boy Weuser

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race w.

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 6 1946
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>4 hr. 30 min.</u>

9. Birthplace KANSAS CITY, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation newborn

11. Industry or business _____

12. Name Frederick W. Deuser

13. Birthplace KANSAS CITY, MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Bernice Russell

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

16. (a) Informant Father

(b) Address 5522 Wayne K. C. Mo.

17. (a) Burial (b) Date thereof 7-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Breat Hill

18. (a) Signature of funeral director Melody McCall

(b) Address K. C. Mo.

19. (a) 7-6-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 5522 Wayne
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th
year 1946 hour _____ minute 45 A.M.

21. I hereby certify that I attended the deceased from July 6
1946 to July 6, 1946

that I last saw him alive on July 6, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral aneurysm

Due to Premature birth (6 m.)

Due to _____

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

Major findings: 159

Of operations _____

Of autopsy _____

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? _____

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

Address Professional Bldg. Date signed 7-6-46

Duration 4 hr.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

*Prof. Bell
V. 3006*

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.....

Licensed Embalmer No.....

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.