

FILED MAY 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15534

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2054</u>		
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>				
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>60 Yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3408 East 26th Street</b>				30 STREET ADDRESS (If rural, give location) <b>3408 East 26th Street</b> <b>3368</b>				
3. NAME OF DECEASED (Type or Print) <b>FRANK</b>			a. (First) <b>FRANK</b>		b. (Middle)		c. (Last) <b>MEINERS</b>	
4. DATE OF DEATH		(Month) <b>5</b>		(Day) <b>10</b>		(Year) <b>55</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>9/18/1875</b>		
9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grocery Store</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Owner</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Oldenburg, Germany</b> <b>4</b>		
12. CITIZEN OF WHAT COUNTRY <b>USA</b>								
13a. FATHER'S NAME <b>Nancy Meiners</b>			13b. MOTHER'S MAIDEN NAME <b>Catherine Meckersheid</b>			14. NAME OF HUSBAND OR WIFE <b>Antonia Meiners</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Antonia Meiners-3408 E. 26th St.-K.C. Mo.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH						
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Cerebral Arterio Sclerosis</b>						
DUE TO (c)		DUE TO (c) <b>Senility age 79</b>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		331						
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>April 30, 1955</b> , to <b>May 10, 1955</b> , that I last saw the deceased alive on <b>May 10, 1955</b> , and that death occurred at <b>6:30 P.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Ralph Perry</b> (Degree or title) <b>Ralph Perry M.D.</b>				23b. ADDRESS <b>4800 E 24</b>		23c. DATE SIGNED <b>11 May 55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/13/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>5-11-55</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Eylar-Kansas City, Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Ralph Perry

4800 1/2 24th

Be 5-949

1-4:30

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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 E. Hackleman

Licensed Embalmer No... 457

P. O. Address... R.C.Y.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.