

FILED OCT 3 1956

## STANDARD CERTIFICATE OF DEATH

31007  
STATE FILE NUMBERRegistration District No. 149 Primary Registration District No. 1002 Registrar's No. 4176

|  |   |  |   |   |  |  |   |
|--|---|--|---|---|--|--|---|
| 1. PLACE OF DEATH  |   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |  |  |   |
| a. COUNTY<br><b>Jackson</b>  |   | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>Inside Limits<br>OR<br>TOWN <b>Kansas City</b><br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | a. STATE<br><b>Missouri</b>   |  | b. COUNTY<br><b>Jackson</b>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>1103 Chestnut</b>   |   |  | Length of stay in lb<br><b>50 Yrs</b>   | c. CITY<br>OR<br>TOWN <b>Kansas City</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                   | d. STREET ADDRESS (If outside, give location)<br><b>1103 Chestnut</b> |
| 3. NAME OF DECEASED (Type or print)  |   |  |   | 4. DATE OF DEATH  |  | 5. AGE (In years last birthday)  |   |
| First<br><b>HENRIETTA</b>  |   | Middle   |   | Last<br><b>WEYRAUCH</b>   |  | Month<br><b>Sept</b>   | Day<br><b>24</b>  |
| Year<br><b>1956</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>   | 8. DATE OF BIRTH<br><b>Nov 4, 1874</b>  | 9. AGE (In years last birthday)<br><b>81</b>  | IF UNDER 1 YEAR                            | IF UNDER 24 HRS.   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Germany</b>   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  | 13. FATHER'S NAME<br><b>August Trebbe</b>   | 14. MOTHER'S MAIDEN NAME<br><b>? Meyer</b> | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b>                                |
| 17. INFORMANT<br><b>Mr George Weyrauch 1103 Chestnut</b>   | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinoma, Metastatic</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>CARCINOMA OF CAECUM</b><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | INTERVAL BETWEEN ONSET AND DEATH<br><b>153+</b>  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |  |  |   |
| 20a. ACCIDENT <input type="checkbox"/>   | SUICIDE <input type="checkbox"/>  | HOMICIDE <input type="checkbox"/>  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)      |   |  |  |   |
| 20c. TIME OF INJURY<br>Hour<br>a. m.<br>p. m.  | 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY<br>STATE   |   |  |  |   |
| 21. I attended the deceased from <b>July 15 - 56</b> and last saw her <b>Sept 24 - 56</b><br>Death occurred at <b>2:00 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated. | 22a. SIGNATURE<br><b>Daniel A. B. (Dr. or M.D.)</b>   | 22b. ADDRESS<br><b>316 Argyle Bldg.</b>  | 22c. DATE SIGNED<br><b>9-24-56</b>  |   |  |  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>Sept 26 1956</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt Olivet Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City Missouri</b>                      |   |  |  |   |
| 24. FUNERAL DIRECTOR<br><b>Sheil Funeral Home K C Missouri</b>   | 25. DATE RECD. BY LOCAL REG.<br><b>9-24-56</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Drew Marshall</b>  |   |   |  |  |   |

(Licensed Embalmer's Statement on Reverse Side)

300  
1-56

health, Welfare  
Public  
Service

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Thomas A. Shea*.....

Licensed Embalmer No. *49*.....

P. O. Address *B. C. M.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.