

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

5458

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Ray Primary Registration District No. 1002
 City Kansas City, Mo. (No. 5736 Harrison)

File No. _____
 Registered No. 5458 (Ward)

2. FULL NAME

(a) Residence. No. 5736 Harrison St., 8 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 57 yrs. 5 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edward Walder</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 17 - 1873</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>5</u>	DAYS <u>15</u>
IF LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. at Home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo.
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Loewer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 10 Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Minnie Kaspel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Miss Clara L. Loewer
 (Address) 5736 Harrison St.

15. FILED 2/19/31 M. M. Crowe REGISTRAR
asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 18 1930 to Jan 29 1931 that I last saw him alive on Jan 19 1931, and that death occurred, on the date stated above, at 2:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tacnoma coli
46C
 (duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) 46C
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr 19 31
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS clinical
 (Signed) J. H. Hemic M. D.
Feb 3, 1931 (Address) 1000 D'Alton Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Linwood Cemetery DATE OF BURIAL Feb 4 1931

20. UNDERTAKER John W. Wagner Linwood - N. Grand
 ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Richard
4th 2.75

2 to 4

3719 Pass