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

Do not use this space.

36638

File No.
Registered No. 4561

1. PLACE OF DEATH
County JACKSON Registration District No. 399
Township KAW Primary Registration District No. 1004
City KANSAS CITY (No. 4138 MONTGALL St. Ward)

2. FULL NAME MRS. AMELIA ISMERT
(a) Residence, No. 4138 MONTGALL St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 74 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF JOHN ISMERT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOVEMBER-12-1842

7. AGE: Years 91 | Months 0 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) PARIS
(STATE OR COUNTRY) FRANCE

FATHER
13. NAME PETER BERRARD
14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) FRANCE

MOTHER
15. MAIDEN NAME ANNA ISMERT
16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) FRANCE

17. INFORMANT MRS. GEORGE HINCKE
(ADDRESS) NEWBERN HOTEL-525-EAST ARMOUR

18. BURIAL, CREMATION, OR REMOVAL
PLACE HIGHLAND PARK-KC KANS DATE NOVEMBER 22, 1933

19. UNDERTAKER D.W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED Nov. 21, 1933 M. M. Crane
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER-19, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-5-, 1933, to 11-18-, 1933
I last saw h. alive on 11-19-, 1933 Death is said to have occurred on the date stated above, at 10:55 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of left arm	11-5-33
Prog. endarteritis	
Jaundiceness	

Other contributory causes of importance:
arteriosclerosis
senility

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L. G. Foster, M. D.
(Address) 72 Prospect Kansas City

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.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

724 Professional Bldg
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