

24039

State File No.

2649

Registrar's No.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHAUG 14 1940
399

Registration District No.

Primary Registration District No.

1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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: Vineyard Park Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 In this community 54 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Johanna Purmann 6553. (b) If veteran, name war No 3. (c) Social Security No. None4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Joseph Purmann 6. (c) Age of husband or wife if alive 83 years7. Birth date of deceased January 24 1862
(Month) (Day) (Year)8. AGE: Years 78 Months 5 Days 5 If less than one day hr. min.9. Birthplace Austria
(City, town, or county) (State or foreign country)10. Usual occupation At Home11. Industry or business No Record12. Name No Record13. Birthplace No Record
(City, town, or county) (State or foreign country)14. Maiden name No Record15. Birthplace No Record
(City, town, or county) (State or foreign country)16. (a) Informant's name Joseph Purmann(b) Address 5013 E. 24th17. (a) Burial (b) Date thereof 7-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Forest Hill Cemetery18. (a) Signature of funeral director J. W. Wagner(b) Address Kansas City, Mo.19. (a) July 1, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5013 E. 24th St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 54 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
year 1940 hour 1 minute 55 P. M.21. I hereby certify that I attended the deceased from June 24, 1940, to June 29, 1940;
that I last saw him alive on June 29, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Cocaine & Lungs Duration 6 weeksDue to Cholelithiasis 46 1 yrDue to Gallstones

Other conditions (include pregnancy within 3 months of death)

Major findings: Bile in stomach 46 ever shadedOf operations Cocaine Of autopsy Cocaine

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. E. Sheldon (M. D. or other)Address 2401 16th St. Date signed 6-29-40

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 Cecil R Matthes

Licensed Embalmer No. 3807

P. O. Address K. C. Mo.

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, above space should be left blank.