No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34332

Registrar's No. 3848

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: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 24 days (Specify whether years, months or days)
In this community: 52 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 2548 Gillham Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 52 years years.

3. (a) PRINT FULL NAME: Mrs. Josephine Sommer

3. (b) If veteran, name war: XX

3. (c) Social Security No.: No

4. Sex: Fe

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Joseph Sommer

6. (c) Age of husband or wife if alive: XX years

7. Birth date of deceased: Sept. (Month) 15 (Day) 1854 (Year)

8. AGE: Years 86 Months 0 Days 18 If less than one day ... hr. ... min.

9. Birthplace: (City, town, or county) Austria (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

MOTHER FATHER

12. Name: Michael Schmall

13. Birthplace: (City, town, or county) Germany (State or foreign country)

14. Maiden name: Marie Musche

15. Birthplace: (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Miss Anna Sommer
(b) Address: 2548 Gillham

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. St. Mary's Cemetery

18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.

19. (a) 10-4-40 (Date received local registrar) (b) R. M. Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3rd year 1940 hour 1 minute 55 A. M.

21. I hereby certify that I attended the deceased from Sept 8, 1940, to Oct 3, 1940, that I last saw he alive on Oct 2, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	1 wk.
Due to: Myocarditis	2 wks
Due to: Fracture head of femur (right).	25 days
Other conditions (Include pregnancy within 3 months of death): 186 lb	
Major findings: Of operations: 0	
Of autopsy: 10	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): accident
(b) Date of occurrence: Sept 8 1940.
(c) Where did injury occur? home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Kansas City Jackson Mo (Specify type of place)
While at work? retired (e) Means of injury: fell.

23. Signature: L. O. Connell (M.D. or other)
Address: 810 Medical Arts Bldg. Date signed: 10-4-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. P. J. O'Connell
Med. Arts
WE 3564

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 A P Hauschild

Licensed Embalmer No. 4159

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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