. 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

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34367

FILED NOV 12 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3883

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: 4425 Montgall Avenue 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — — (Specify whether years, months or days) In this community: 55 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") 0

(d) Street No. 4425 Montgall Avenue (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Mr. Emil Robert Sommerfield

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs. Fannie Loesch Sommerfield

6. (c) Age of husband or wife if living: 67 years

7. Birth date of deceased: January (Month) 26 (Day) 1858 (Year)

8. AGE: Years 82 Months 8 Days 12 If less than one day ____ hr. ____ min.

9. Birthplace: (City, town, or county) Germany (State or foreign country) 6

10. Usual occupation: Broker 6

11. Industry or business: Salvage Company 6

FATHER
12. Name: Carl Sommerfield
13. Birthplace: (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Mrs. Harres
(b) Address: 4433 Montgall Kcmo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-9-40 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Forest Hill Cemetery

18. (a) Signature of funeral director: O. H. Newcomir Sons
(b) Address: 1401 Brush Creek Blvd.

19. (a) 10-7-40 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th year 1940 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from April 15-40 ~~Aug~~, 1940, to Oct 7, 1940 that I last saw him alive on 8-8-, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis - — Duration: 6 mo - or more

Due to: Age changes - as evidenced by Decompensation

Due to:

Other conditions: none (Include pregnancy within 3 months of death) 93

Major findings: Of operations: Cardiac decompensation

Of autopsy: no

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):

(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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: N. C. Speer (M. D. or ~~other~~)

Address: 3204 Coleman Kc. Date signed: 10-7-40

(Licensed Embalmer's Statement on Reverse Side)

602 Vaskard
K.C. Kane.
9 a.m. - 8:00 P.M.

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 C. Hervey Quisenber

Licensed Embalmer No. 4070

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, fact should be so stated above.