

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Toscano
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Children's Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Glasgow 45
(If outside city or town limits, write "RURAL") 2
(d) Street No. 309 Commerce (If rural, give location) D
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME FUEMMELE, KATHRYN ANN

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 12 1928
(Month) (Day) (Year)

8. AGE: Years 12 Months 10 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Glasgow Mo D
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name August Fuemmeler

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

14. Maiden name Clara Ginter

15. Birthplace Salisbury Mo D
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Aug. Fuemmeler

(b) Address Glasgow Mo.

17. (a) Removal (b) Date thereof Feb. 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glasgow Mo

18. (a) Signature of funeral director W. W. Brimouth

(b) Address Glasgow Mo

19. (a) 2/21/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1941 hour 8:35 minute _____ P.M.

21. I hereby certify that I attended the deceased from Feb. 10 1941 to Feb. 21 1941; that I last saw h. S.R. alive on Feb. 21 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart Disease
Due to Congestive Heart Failure

Due to ASB
Other conditions (Include pregnancy within 3 months of death) ASB

Major findings: Of operations _____ Of autopsy _____

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 Mary R. Hoque (M. D. or other) D
Address 315 Alameda St. Date signed 2-21-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

17
3
8

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.....

Edw. Friemonth....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Edw. Friemonth*.....

Licensed Embalmer No. *3978*.....

P. O. Address..... *Glasgow 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.