No. 2
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13338

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1319

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:
4523 Prospect Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
(Specify whether
In this community 30 Years
years, months or days)

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. 4523 Prosoect Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? --- 0 years.

3. (a) PRINT FULL NAME Dr. Homer Ernest Songer
3. (b) If veteran, name war No
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. Jane Connelly Songer
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased September (Month) 10 (Day) 1875 (Year)

8. AGE: Years 65 Months 6 Days 21 If less than one day ... hr. ... min.

9. Birthplace Xenia (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Physician
11. Industry or business M. D.
FATHER
12. Name Marion Songer
13. Birthplace Xenia (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Caroline Vickrey
15. Birthplace Xenia (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Mrs Homer E Songer
(b) Address 4523 Prospect Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cem.
18. (a) Signature of funeral director O. H. Pewcomers Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) Apr 3 1941 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1941 hour 4: minute 25 P. M.
21. I hereby certify that I attended the deceased from July 1, 1937, to April 1, 1941, that I last saw him alive on April 1, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	5 days.
Due to Coma of Coronary Heart disease	11 years.
Due to 94a	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94 N	
Of autopsy	

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 H. C. Schaerrer (M. D. or other) M. D.
Address 5450 Troost Ave. Date signed 4-1-41

(Licensed Embalmer's Statement on Reverse Side)

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 H O Newcomer Jr

Licensed Embalmer No. 4043

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.