

No. 2
4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS **WED MAY 16 1941**
STANDARD CERTIFICATE OF DEATH

State File No. **13344**
Registrar's No. **1325**

Registration District No. **399** Primary Registration District No. **1002**

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 **8 days**
In this community **23 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL.")
(d) Street No. **4222 Bell Street** **8**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **66----** **1** years.

3. (a) PRINT FULL NAME **Paul E. Roessner**

3. (b) If veteran, name war **---** 3. (c) Social Security No. **495-05-6766**

4. Sex **Male** **0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Lucille Roessner** 6. (c) Age of husband or wife if alive **63 64** years
7. Birth date of deceased **March 10 1872**
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 69 | 0 | 23 |hr.min. |

9. Birthplace **Iron Mountain Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Engineer**

11. Industry or business **City Ice Company**

12. Name **Emil Roessner**

13. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Florida Cox**

15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lucille Roessner**
(b) Address **4222 Bell St. K.C. Mo.**

17. (a) **Burial** (b) Date thereof **4/5/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cem.**

18. (a) Signature of funeral director **Galio Funeral Home**
(b) Address **Kansas City, Kansas**

19. (a) **Apr 4, 1941** (b) **M. W. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **3** year **1941** hour **12** minute **45** A.M.

21. I hereby certify that I attended the deceased from **11/19** 19**41**, to **4/3** 19**41**, that I last saw **him** alive on **4/1** 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death **Embolism of leg and amputation of leg**

Due to **Thrombosis of femoral artery** **4 1/2 yrs**
Due to **General arteriosclerosis** **10 yrs**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **99-**
Of autopsy

Duration **1 wk**
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?

While at work? (Specify type of place) (e) Means of injury **0**
23. Signature **A. O. Colwell M.P.** (M. D. or other) **1/4-41**
Address **810 Medical Arts Bldg** Date signed

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

8
3
1

2

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 *L. Ross Blanford*.....

Licensed Embalmer No. *4015*.....

P. O. Address *414 State Line*.....

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.