

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17207

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1869

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. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 Days
(Specify whether
In this community 55 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. 5533 Cypress Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th
year 1941 hour 1 minute 30 P. M.
21. I hereby certify that I attended the deceased from
4-9-41, 1941 to 5-11, 1941
that I last saw him alive on 5-11-41, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of R. Bronchus
Due to 475
Due to 470
Other conditions 470
(Include pregnancy within 3 months of death)

Duration
Underline the cause to which death should be charged statistically.

Major findings:
Of operations ---
Of autopsy Carcinoma both lungs

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 L. L. Coffey, M.D. (M. D. or other)
Address 1103 9th St Date signed 5-12-41

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

3. (a) PRINT FULL NAME Mrs. Lena Kirmeyer

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Michael Kirmeyer 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased November 24 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 5 17 hr. min.

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business ---

12. Name Olaf Munson

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

14. Maiden name Caroline Gummerson

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

16. (a) Informant Mrs. Batty Miller

(b) Address 1901 Hardesty Avenue

17. (a) Burial (b) Date thereof May 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or crematory Mt. Muncie Cemetery Leavenworth, Kansas

18. (a) Signature of funeral director D. H. Newcomer, Solo

(b) Address 1401 Brush Creek Blvd.
19. (a) May 12 1941 (b) M. H. Crow
(Date received local registrar) (Registrar's signature)

1324 Professional Seal
12:30-5

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 George M. Collier

Licensed Embalmer No. 3839

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.