. No. 2
-4-13-40
5-17-39
I X23159

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

FILLED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17242

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1904

1. PLACE OF DEATH:
(a) County Jackson Co
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1012 E 8th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 31 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1012 East 8th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 31 years.

3. (a) PRINT FULL NAME Mrs. Carolina Tonn

3. (b) If veteran, name war x x

3. (c) Social Security No. No

4. Sex Fe 1

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frederick Tonn

6. (c) Age of husband or wife if alive x x years

7. Birth date of deceased July (Month) 8 (Day) 1850 (Year)

8. AGE: Years 90 Months 10 Days 5 If less than one day ___ hr. ___ min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Frederick Klemp
13. Birthplace (City, town, or county) Poland (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace (City, town, or county) Poland (State or foreign country)

16. (a) Informant Mrs. Mary Riegler
(b) Address 1012 E 8th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-15-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City Mo

19. (a) May 14-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th
year 1941 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from May 2nd, 1941, to May 13, 1941
that I last saw her alive on May 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency about 6 mos

Due to Arteriosclerosis about 5 yrs

Due to 92B

Other conditions (Include pregnancy within 3 months of death) 92B

Major findings:
Of operations
Of autopsy No

Duration

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) 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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H. H. Lane (M. D. or other)
Address 824 Rialto Date signed 5-13-41

(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. A. P. Hannschild

Licensed Embalmer No. 4159

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.