

Registration District No. FILED JUL 7 1941

Primary Registration District No. 1002

Registrar's No. 2421

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:
3520 Agnes Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 years (Specify whether years, months or days)
In this community 18 years

3. (a) PRINT FULL NAME Miss Elizabeth E. Sussmuth

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

4. Sex Female 5. Color or race white 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 11, 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>2</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation Furrier

11. Industry or business _____

MOTHER { 12. Name August Sussmuth

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

14. Maiden name Elizabeth Gregory

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

16. (a) Informant Mrs. Emma Schwedler

(b) Address 3334 Euclid Avenue

17. (a) Burial (b) Date thereof 6-28-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd Street

19. (a) 6/25/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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. 3520 Agnes Avenue
(If rural, give location)
(e) Citizen of foreign country? Germany (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th
year 1941 hour 4 minute 5 a.m.

21. I hereby certify that I attended the deceased from Dec 38 1938 to June 4 1941
that I last saw him alive on June 23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia Duration 4mo

Due to Carcinoma of stomach 4mo

Due to 4 1/2 B

Other conditions 4 1/2 B
(Include pregnancy within 3 months of death)

Major findings: Generalized carcinoma
Of operations _____
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? _____

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

23. Signature E. Parsons (M. D. or other) O. M. P.
Address Playa Med. Bldg. Date signed 6-24-41

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

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.....

Elmer C. Redlin

Licensed Embalmer No.....

34957

P. O. Address.....

Kansas City

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.