

STANDARD CERTIFICATE OF DEATH

FILED JUL 7 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2474**

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:
3525 Olive Street /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: **62 Years** (Specify whether 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. **1410 East 35th Street**
 (If rural, give location)
 (e) Citizen of foreign country? **Yes** (Yes or No)
 If yes, name country **Germany**

3. (a) PRINT FULL NAME **Mrs. Christine N. Hermann**

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 **Widowed**

6. (b) Name of husband or wife **Mr. Charles F. Hermann** 6. (c) Age of husband or wife if alive: **-----** years

7. Birth date of deceased: **July 24 1870**
 (Month) (Day) (Year)

8. AGE: Years **70** Months **11** Days **2** If less than one day hr. min.

9. Birthplace: **Tumby Germany**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business **Home**

12. Name **Carl Nissen**

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

14. Maiden name **Matilda Unknown**

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

16. (a) Informant **Joseph M. Bell**

(b) Address **1410 E 35th St**

17. (a) **Burial** (b) Date thereof **6-30-41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hill Forest Hill Cemetery**

18. (a) Signature of funeral director **S. H. Newcomer's Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **6/30/41** (b) **M. M. Crowe**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **26th** year **1941** hour minute P.M.

21. I hereby certify that I attended the deceased from **1936** to **June 26 1941**
 that I last saw him alive on **June 24 1941**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Hemiplegia** Duration **3 yrs**

Due to **Hyper tension**

Due to **Cerebral Hemorrhage**

Other conditions (Include pregnancy within 3 months of death) **820**

Major findings: Of operations **none** **820**

Of autopsy **none**

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 **Harry L. Farrow** (M. D. or other) **0**

Address **Remond Auto Mo** Date signed **6/28/41**

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

K28390
248
8

12-5
11/15/1911

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 *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *TC No.*

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.