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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37273

State File No. 4066

DEC 22 1941 399
Registration District No.

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH: Jackson
(a) County: Kansas
(b) City or town: Kansas City
(c) Name of hospital or institution: 2240 Quincy of Kansas Hosp.
(d) Length of stay: In hospital or institution: 35 Years
In this community: 35 Years

3. (a) PRINT FULL NAME: ELIZABETH MASON DEHMER
3. (b) If veteran, name war: No
3. (c) Social Security No.: None

4. Sex: Fe.
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Sebastian J.
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: Jan. 27, 1881

8. AGE: Years 60, Months 9, Days 3, If less than one day hr. min.

9. Birthplace: Macon City Missouri
(City, town, or county) (State or foreign country)
Homemaker

10. Usual occupation: None

11. Industry or business: None
12. Name: D. D. Fowler
13. Birthplace: Iowa
14. Maiden name: Elizabeth Johnson
15. Birthplace: Kentucky

16. (a) Informant: Sebastian J. Dehmer
(b) Address: 2240 Quincy

17. (a) Burial (b) Date thereof: 11-2-41
(c) Place: burial or cremation: Forest Hill

18. (a) Signature of funeral director: C. H. BLACKMAN & SON, INC.
(b) Address: 2825 Indep. Blvd., K. C. Mo.

19. (a) 11-1-41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(d) Street No.: 2240 Quincy
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 30
year 1941 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from 10/13/41 to Oct 30 1941
that I last saw her alive on Oct 30 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute pulmonary edema
Pt. Kerner Foreman
Due to: Upper respiratory infection
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: 111a
Of autopsy: ✓

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? ✓
(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: M. M. Crow (M. D. or other)
Address: 4801 E. 24th St. Date signed: 10/31/41

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8

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

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 Dixon L. Kessler
Licensed Embalmer No. 4225
P. O. Address Indy, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. **4066**

1. PLACE OF DEATH:

(a) County
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2240 Quincy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) ~~PRINT~~ **Full Name** **Elizabeth Mason Dehmer**

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

4. Sex 5. Color or race 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) **11/1/41** (b) **M. M. Grosse**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **30**
year **1941** hour minute M.

21. I hereby certify that I attended the deceased from 19..... to 19.....

that I last saw him alive on 19..... and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Pulmonary edema
Rt. Heart Failure - myocarditis,
Upper respiratory infection -
Acute rheumatoid arthritis - acute
Due to **myocarditis.**
Due to **myocarditis.**

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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 (M. D. or other)

Address Date signed

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

MOTHER FATHER

SUPPLEMENT

S-37273

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.....

Licensed Embalmer No.....

P. O. Address.....

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.