

No. 2  
1-4-41  
-17-39  
K26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 9 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

5454

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 527

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:  
K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community 1 yr  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
Missouri Jackson  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4311 East 58th St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ramona Lang  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 3rd  
year 1942 hour 2 minutes 05 P. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
(b) Name of husband or wife Jan 28th 1941  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 28 1941  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-31-42 to 2-3-42  
that I last saw her alive on 2-3-42  
and that death occurred on the date and hour stated above.

8. AGE: Years 1 Months 0 Days 5  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Unexplained Anemia, Pulmonary Edema and congestion  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation child

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy Yes - see above

11. Industry or business \_\_\_\_\_  
12. Name George Lang  
13. Birthplace Kansas  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

14. Maiden name Emma Bowman  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
(b) Address K.C. General Hospital

17. (a) Burial (b) Date thereof 2-6-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn  
18. (a) Signature of funeral director Weilert Funeral Home  
(b) Address 2332 Monitor Place, K.C. Mo.

19. (a) 2-6-42 (b) M. M. Groves  
(Date received local registrar) (Registrar's signature)

23. Signature Dr. R. Thore (M. D. or other)  
Address Dr. K.C. Gen. Hospital Date signed \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

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

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 Blaine E. Weichert  
Licensed Embalmer No. 4075  
P. O. Address 2332 Monitor Pl  
KC.

**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.**