

FILED MAR 9 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5695
State File No.
Registrar's No. 577

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St. Joseph Hospital
(d) Length of stay: In hospital or institution 9 1/2 mo
In this community 9 1/2 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(d) Street No. 5309 Forest
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Rose Marie Weber
(b) If veteran, name war XX
(c) Social Security No. XX

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 6th year 1942 hour 2 minute P.M.

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

21. I hereby certify that I attended the deceased from 2-5-42 to 2-6-42
that I last saw her alive on 2-6-42 and that death occurred on the date and hour stated above.

7. Birth date of deceased April 13 1941
8. AGE: Years 9 Months 23 Days

Immediate cause of death: Acute Toxic Myocarditis
Due to: Bronchopneumonia
Other conditions: 107"

9. Birthplace Kansas City Mo.
10. Usual occupation None
11. Industry or business

MOTHER, FATHER {
12. Name Karl F. Weber
13. Birthplace Kansas City Mo.
14. Maiden name Olga Kalkbrenner
15. Birthplace Woodville Wis

PHYSICIAN
Major findings: Of operations
Of autopsy

16. (a) Informant Karl F. Weber
(b) Address 5309 Forest
17. (a) Burial (b) Date thereof 2-9-42
(c) Place: burial or cremation Calvary Cemetery

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?

18. (a) Signature of funeral director W. Wagner
(b) Address Kansas City, Mo.
19. (a) 2/9/42 (b) M. M. Brown

23. Signature of Registrar M. M. Brown
Date signed

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..... *Cecil R. Matthes*
Licensed Embalmer No..... *3807*
P. O. Address..... *Kansas City, 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.