

7. S. No. 2
M-9-4-41
Rev. 5-17-39
I X29484

14562

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 21 1942

Registration District No. 2783

Primary Registration District No. 5557

Registrar's No. 75

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
 (c) Name of hospital or institution: **Linwood & Blue Ridge Blvd.**
 (d) Length of stay: In hospital or institution **70 Yrs.**
 In this community **70 Yrs.**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Jackson**
 (c) City or town **Rural**
 (d) Street No. **Linwood & Blue Ridge**
 (e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Anna E. Rommel**
 3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Apr** day **30** year **42** hour **4** minute **0** M.

4. Sex **Fe.** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife **Chas. Rommel** 6. (c) Age of husband or wife if alive **1871** years

21. I hereby certify that I attended the deceased from **Apr 28** to **Apr 30**, 19**42**
 that I last saw her alive on **Apr 30**, 19**42**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Coronary failure**

8. AGE: Years **70** Months **8** Days **24** If less than one day **hr. min.**

Due to **Coronary occlusion** 36 hrs

9. Birthplace **Kansas City Mo.**
 10. Usual occupation **House keeper**

Other conditions (Include pregnancy within 3 months of death) **94a**

11. Industry or business
 12. Name **Leonard Geiger**
 13. Birthplace **Germany**
 14. Maiden name **Mary Hupman**
 15. Birthplace **Germany**

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

16. (a) Informant **Mrs. May Lee**
 (b) Address **Overland Park Kansas**
 17. (a) **Burial** (b) Date thereof **5-2-42**
 (c) Place: burial or cremation **Forest Hill**

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?

18. (a) Signature of funeral director **Eylar Funeral Home**
 (b) Address **1800 Linwood K.C. Mo.**
 19. (a) **May Lee** (b) **Mrs. G. E. Harvill**
 (Date received local registrar) (Registrar's signature)

23. Signature **[Signature]** (M. D. or other) **0**
 Address **715 E. 13th St. Kansas City, Mo.**

1159 (Licensed Embalmer's Statement on Reverse Side)

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

Wm. J. Johnson
Caryville, Mo. Oct. 24, 1924
Raytown, Mo. 1192

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 Chas Wilks
Licensed Embalmer No. 2644
P.O. Address 1800 Linwood

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.