

S. No. 2
4-542
5-17,39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5439

State File No.

Registrar's No.

1134

Registration District No.

149

Primary Registration District No.

1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
211 N Mersington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 10 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 211 N. Mersington
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Eugenia M. Regnier

3. (b) If veteran, name war -- 3. (c) Social Security No. NONE

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife Julius Regnier 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased Sept. 17, 1856
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 18 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business No Record

MOTHER FATHER

12. Name No Record

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. H. Lawrence

(b) Address 211 N. Mersington, K.C.Mo.

17. (a) Cremation (b) Date thereof Mar. 6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address 6606 Ingham Ave. K.C.Mo.

19. (a) 3-5-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 5
year 1943 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 25, 1943 to Mar 5, 1943
that I last saw her alive on Mar 4, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Decompensated myocarditis

Due to Essential Hypertension

Due to 93%

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 J. J. Lucik (M.D. or other) D.O.
Address 5902 St. John Date signed 3/5/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. Posic 5902 St. John

Ch 4062

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.....

J.P. Scheil

Licensed Embalmer No. *3125*

P. O. Address *1500 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.