

ED. IJIN 7 10AM

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2043

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

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: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 14 days
50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson 48

(c) City or town. Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3725 State Line 8
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME. ARNOLD DRIMMEL, SR.

3. (b) If veteran, name war. No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1943 hour 8: minute 45 P. M.

4. Sex Ma 0

5. Color or race Wh

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife. Ida Drimmel

6. (c) Age of husband or wife if alive. XX years

7. Birth date of deceased. November 26 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 16 1943 to April 26 1943
that I last saw him alive on April 25 1943
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 78 | 5 | 2 | hr. min. |

Immediate cause of death. Coronary occlusion

Due to 94a

Due to

9. Birthplace. Atchison Kansas 1
(City, town, or county) (State or foreign country)

Other conditions. Prostatic hypertrophy
(Include pregnancy within 3 months of death)

10. Usual occupation. Retired Meat Salesman

11. Industry or business. Self

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name. John Drimmel

13. Birthplace. Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name. Marie

15. Birthplace. Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant. Richard Drimmel

(b) Address. 4524 Forest

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?

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof. 5-3-43
(Month) (Day) (Year)

(c) Place: burial or cremation. Mt. St. Mary's

18. (a) Signature of funeral director. J.W. Wagner

(b) Address. Kansas City, Mo.

23. Signature. Lawrence D. Capelto (M. D. or other)

Address. 1235 Waller Bldg. Date signed May 28 1943

19. (a) 5-1-43 (b) H. M. Brown
(Date received local registrar) (Registrar's signature)

11-9594
Judson Vickerz

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 A. R. Harnscheid

Licensed Embalmer No. 4159

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.