

FILED JUN 7 1948
Registration District No. 149

Primary Registration District No. 1002

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:
Research Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since May 6th
(Specify whether years, months or days) as above

3. (a) PRINT FULL NAME Mrs. Minnie S. Vogelsmeier,

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John H. Vogelsmeier 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 7 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>2</u>	<u>5</u>	hr. min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name Fred Stark,

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

14. Maiden name Mary Langewisch

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

16. (a) Informant Sweet Springs, Missouri

(b) Address removal (b) Date thereof 5-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Springs, Missouri

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-13-43 (b) M. M. Crown
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 77
(c) City or town Sweet Springs,
(If outside city or town limits, write "RURAL") 3
(d) Street No. X
(If rural, give location) 0
(e) Citizen of foreign country? no. (Yes or No) 1
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th
year 1943 hour 8:26 minute P. M.

21. I hereby certify that I attended the deceased from 5-7-43
....., 19..... to 5-12-43, 19.....
that I last saw h. aw alive on 5-12-43, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death embolus

Due to operation - removal of gall bladder

Due to 12th

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy none

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

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?

While at work? (Specify type of place)
Means of injury
23. Signature Walter H. H. H. H. (M. D. or other)
Address 1132 Prof. Bldg Date signed 5/13/43

Dr. Holbrook,

Prof. B. B. B.

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. Clair Sheppard*.....
Licensed Embalmer No. *4179*.....
P. O. Address *K. C. 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.