S. No. 2
I—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30906

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3849

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

(d) Length of stay: In hospital or institution: 9 Days (Specify whether years, months or days)
In this community: 7 Years.

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.: 3008 East 52nd Street
(If rural, give location)

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

48
3
8

3. (a) PRINT FULL NAME: Miss Carolyn Merrowee POSLER

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: ******

6. (b) Name of husband or wife: ----------

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

7. Birth date of deceased: August (Month) 31st (Day) 1936 (Year)

8. AGE: Years 7 Months 0 Days 26 If less than one day hr. min.

9. Birthplace: Jackson Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Child

11. Industry or business: At Home

FATHER
12. Name: Leon S. Posler
13. Birthplace: Unknown (City, town, or county) Colorado (State or foreign country)

MOTHER
14. Maiden name: Shirley Loraine Woods
15. Birthplace: Princeton (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Leon Posler
(b) Address: 3008 East 52nd Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-7-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Princeton, Missouri

18. (a) Signature of funeral director: Mellody-McGilley
(b) Address: Kansas City Mo.

19. (a) 9-7-43 (Date received local registrar) (b) D. E. Brown Reg. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 7th year 1943 hour 850 minute A.M.

21. I hereby certify that I attended the deceased from July 16, 1943, to Sept 7th, 1943 that I last saw her alive on Sept 6, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Rheumatic Heart Disease	3 wks ??
Due to:	
Due to: Acute Rheumatic Fever	
Other conditions (Include pregnancy within 3 months of death): 58e	
Major findings: Of operations:	
Of autopsy:	

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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: George Herrman (M.D. ~~or other~~)
Address: 1107 Bryant Bldg Date signed 9/7/43

3,001

* (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.