U. S. No. 2
10M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6401

Registration District No. 1449 Primary Registration District No. 1002 Registrar's No. 971

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: 3804 McGEE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 5 days

2. USUAL RESIDENCE OF DECEASED: 99
(a) State: KANSAS (b) County: LEAVENWORTH
(c) City or town: LEAVENWORTH 14
(If outside city or town limits, write "RURAL")
(d) Street No.: 900 SPRUCE 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 2

3. (a) PRINT FULL NAME: MARTHA ROSA WINDELBAND
3. (b) If veteran, name war: —no—
3. (c) Social Security No.: NONE
4. Sex: FEMALE
5. Color or race: White
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: ALBERT A. WINDELBAND
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Sept (Month) 10 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
81	5	19	____ hr. ____ min.

9. Birthplace: BERLIN (City, town, or county) GERMANY 4 (State or foreign country)
10. Usual occupation: NONE
11. Industry or business: AT HOME
MOTHER FATHER
12. Name: AEMIL NOACH
13. Birthplace: GERMANY (City, town, or county) 4 (State or foreign country)
14. Maiden name: UNKNOWN
15. Birthplace: UNKNOWN (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Mrs E. D. Barnes
(b) Address: 3804 McGEE
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: 2/29/44 (Month) (Day) (Year)
(c) Place: burial or cremation: LEAVENWORTH, KANS
18. (a) Signature of funeral director: James C. Davis
(b) Address: LEAVENWORTH, KANS
19. (a) 2-29-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29th year 1944 hour 12:10 minute a.m. M.
21. I hereby certify that I attended the deceased from April 1943, to Feb 29 1944; that I last saw her alive on Feb 24 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cachexia, Respiratory Failure	
Due to: Sarcoma of Uterus	
Due to: Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
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
23. Signature: Paul G. Gempel (M. D. or other)
Address: 315 Alameda Road, Kansas City Mo. Date signed 2/29/44

(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.