

S. No. 2
M-2-43
5-17-39
X3567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13899

FILED MAY 5 1944
Registration District No. 1002

Primary Registration District No. 1002

State File No. _____
Registrar's No. 1372

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 15 days
(Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 417 E. 10 St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rose Tremonte
3. (b) If veteran, name war no
3. (c) Social Security No. # unk

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 26
year 1944 hour 8 minute 27 P.M.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 5 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 11 1944 to April 26 1944
that I last saw her alive on April 26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Retroperitoneal tumor of undetermined nature
Duration _____

8. AGE: Years 57 Months 6 Days 22 If less than one day
hr. _____ min. _____

Due to _____
Due to _____

9. Birthplace Massachusetts (City, town, or county) (State or foreign country)
10. Usual occupation Seamstress

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business Quillman Co
12. Name Edward Crane

Major findings: Of operations _____
Of autopsy See above
PHYSICIAN 572
Underline the cause to which death should be charged statistically.

13. Birthplace Massachusetts (City, town, or county) (State or foreign country)
Maiden name Ms Beard
15. Birthplace Ms Beard (City, town, or county) (State or foreign country)

16. (a) Informant Paul Rush Theodore
(b) Address Route 4 Rte 7th
17. (a) Burial (b) Date thereof 4/29/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation McCluskey Rte 4

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? _____

18. (a) Signature of funeral director Edward J. Murphy
(b) Address 2315 Linnwood
19. (a) 4-29-44 (b) T. E. Brown
(If state received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature Albert G. Upesha M.D.
Address Med. Dir. Gen'l Hosp. (City or town) (County) (State)
Date signed 4-27-44

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

MOTHER FATHER
Can't say all
1/15/44

561

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.....

Ray E Snow
Licensed Embalmer No..... *2568*.....

P. O. Address..... *150 W*.....

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo.
County of Jackson } ss.

State File No. _____
Local Registrar's No. 1872

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 22nd day of August, 1944, before me appears Theodore
Rush, who, upon his oath, states that the original record of ~~birth~~ death
for Rose Tremonty died April 26, 1944, in the State of
Missouri, and which was filed at K.C. on 4-29, 1944, should be corrected as follows:

- Item No. 16 (a) should read Theodore Rush
Instead of _____ Erred Rush
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Theodore Rush son
Relationship.
Rt 4, North Kansas City Mo
Present Address.

Subscribed and sworn to before me this 22nd day of August, 1944.

My Commission expires Oct. 20, 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

13899