No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 25 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17061

State File No. 17061

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2165

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: 3001- EAST- 59TH STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: - - - - - -
In this community: 30 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48 3
(c) City or town: KANSAS CITY 5
(If outside city or town limits, write "RURAL")
(d) Street No.: 3001- EAST- 59TH STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: - - - - - - -

3. (a) PRINT FULL NAME: MRS. SUSAN ALIDA LAUER KANT

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: MARRIED

6. (b) Name of husband ~~or wife~~: MR. FRED KANT

6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: NOVEMBER (Month) 19 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	6	0	hr. min.

9. Birthplace: ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: HOUSEWIFE

11. Industry or business: - - - - - -

FATHER
12. Name: JACOB LAUER
13. Birthplace: GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: AMELIA UNKNOWN
15. Birthplace: GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant: MRS. HENRY SCHEIDT
(b) Address: 3001- EAST- 59TH STREET

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof: MAY-22-1944 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation: D. W. NEWCOMER'S SONS

18. (a) Signature of funeral director: D. W. Newcomer's Sons
(b) Address: 1401 BRUSH CREEK BLVD

19. (a) 5-19-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 19TH year 1944 hour 1 minute 55 A.M.

21. I hereby certify that I attended the deceased from Apr 28, 1944 to May 19, 19..; that I last saw her alive on May 18, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to:

Due to:

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: E. C. Remley (M. D. or other) MD
Address: 832 Argyle Bldg Date signed: 5-19-44

(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 Emile M. Cichowski

Licensed Embalmer No. 3506

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.