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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 20703

Registrar's No. 2460

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

(d) Length of stay: In hospital or institution June 3 - June 8 (Specify whether
In this community No Rec.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5331 Highland Ave. 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME SISTER DOSITHEE (Kermel)

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 Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased November 14, 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	6	24	hr. min.

9. Birthplace Crozon (City, town, or county) France 5 (State or foreign country)

10. Usual occupation

11. Industry or business Little Sisters of Poor

FATHER
12. Name John Kermel
13. Birthplace (City, town, or county) France 5 (State or foreign country)

MOTHER
14. Maiden name Marie Jean LesPagnole
15. Birthplace (City, town, or county) France 5 (State or foreign country)

16. (a) Informant Sr. St. Thele
(b) Address 5331 Highland Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/44 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk and Tobin Co.
(b) Address 20 W. Linwood Blvd.

19. (a) 6-10-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8, year 1944 hour 6: minute 30P M.

21. I hereby certify that I attended the deceased from May 1, 1944, to June 8, 1944; that I last saw her alive on 6-8, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute Cardiac failure	1 day
Due to: Cirrhosis of liver	1 year
Due to: arteriosclerosis	years
Other conditions (Include pregnancy within 3 months of death) 124 15	

Major findings:
Of operations none

Of autopsy as above

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 John T Shimmer (M. D. or other) MD

Address 1102 Grand Ave Date signed 6-9-44

(Licensed Embalmer's Statement on Reverse Side)

95-CMO

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 wi the above constitutes grounds for revocation of license.)

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