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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944

Registration District No. 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20313

Primary Registration District No. 1002

Registrar's No. 2638

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: Kansas City T.B. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 months 6 days (Specify whether years, months or days)
In this community: 6 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48 3 8
(c) City or town: Kansas City
LORRAINE APTS. (If outside city or town limits, write "RURAL")
(d) Street No.: 1014 Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ---

3. (a) PRINT FULL NAME: RHEA MORGAN RAEMER

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 W. RAEMER

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

7. Birth date of deceased: May (Month) - 5 (Day) - 1898 (Year)

8. AGE: Years 46 | Months 1 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace: Glena (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: None

11. Industry or business: AT HOME

MOTHER FATHER
12. Name: Morgan
13. Birthplace: (City, town, or county) GA UNKNOWN (State or foreign country)
14. Maiden name: Molly Williams
15. Birthplace: BENTONVILLE (City, town, or county) ARKANSAS (State or foreign country)

16. (a) Informant: Patient - MRS. RHEA M. RAEMER
(b) Address: LORRAINE APTS. - 1014 - BROADWAY

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JUNE-24-1944 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: MEMORIAL PARK CEM.

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

19. (a) 6-23-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 21st
year: 1944 hour: ON minute: 0.5 A.M.

21. I hereby certify that I attended the deceased from: April 13, 1944, to: June 24, 1944
that I last saw him alive on: June 20, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary T-B

Due to:

Due to: 13 hr

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

Major findings:
Of operations:
Of autopsy: tuberculous enteritis

Duration

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: W. E. Hubaun (M. D. or other)
Address: Kansas City T.B. Hosp. Date signed: 6-21-44

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(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 H O Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C Mo.

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

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