

S. No. 2
DM-5-43
v. 5-17-39
I X3667J

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16038

FILED JUN 11 1945
149

State File No. _____
Registrar's No. 2329

Registration District No. _____

Primary Registration District No. 1002

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:
1912 E. 36th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 43 years (Specify whether 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. 1912 E. 36th St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JACOB LLOYD ROMINE
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 1 year 1945 hour 12 minute Noon M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lula Effie
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased June 18, 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 26, 1945, to June 1, 1945
that I last saw him alive on May 30, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 11 13 _____ hr. _____ min.

Immediate cause of death Cachexia
Due to Paralysis of throat muscles
Due to Memorial Hosp. Records show encephalopathy due to arteriosclerosis
Other conditions bulbar palsy
(Include pregnancy within 3 months of death)
Major findings: None
Of operations None
Duration 2 mo
1 year
1940

9. Birthplace West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician
Commerce Trust Co.,

11. Industry or business _____

12. Name Jacob Romine

13. Birthplace W. Va.
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Norris
(City, town, or county) (State or foreign country)

15. Birthplace W. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Lula E. Romine

(b) Address 1912 E. 36th St.

17. (a) Removal (b) Date thereof 6/3/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City, Mo.

18. (a) Signature of funeral director C. H. Blackman & Son,
Kansas City, Mo.

(b) Address _____

19. (a) 6-2-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Reinold G. Davis (M. D. or other)
Plaza at Leater Bldg. Kansas City, Mo.
Address _____

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

Dr. Kenneth Davis
Plays Int. Bldg

fract of spinal cord
medulla
oblongatus

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 W D Blackman

Licensed Embalmer No. 3639

P. O. Address RC 2nd

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.