S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23278

FILED JUL 30 1945

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2992

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: Sent to Ambulance to Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community since 1904

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 2754 Holmes St. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME EMMA - WEBER
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 John Weber.
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased April (Month) 9 (Day) 1885 (Year)
8. AGE: Years 60 Months 3 Days 7 If less than one day ..... hr. ..... min.
9. Birthplace Gevina Switzland (City, town, or county) - (State or foreign country)
10. Usual occupation none
11. Industry or business .....
MOTHER FATHER
12. Name Unknown
13. Birthplace (City, town, or county) 9 (State or foreign country)
14. Maiden name .....
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant John Weber
(b) Address 2754 Holmes St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director L. A. Thyne
(b) Address 2512 Holmes St
19. (a) 7-17-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1945 hour 7:45 minute A. M.
21. I hereby certify that I attended the deceased from Coma, 19..., to ..., 19...; that I last saw h. alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary sclerosis	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 94 a	

Major findings:
Of operations .....
Of autopsy No 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 James A. Walker (M.D. or other) .....
Address 1924 Main Date signed 7-16-45

(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 P. G. Thiesen

Licensed Embalmer No. 2361

P. O. Address 2512 Holmes st

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.