

No. 2  
5-17-39  
I X36871

FILED JUN 3 1946  
Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 2314

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:  
Lakeside Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Hours 40 Minutes  
(Specify whether years, months or days)

In this community 30 Years  
(Specify whether 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. 3758 Wabash **8**  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) **1**  
If yes, name country

3. (a) PRINT FULL NAME Louise Emma Gromer

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 Ben Gromer

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased 1 22 1882  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>4</u>	<u>1</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John M. Gosney

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

14. Maiden name Snyder

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

16. (a) Informant Mr. Ben Gromer

(b) Address 3758 Wabash

17. (a) Burial (b) Date thereof 5-25-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri

19. (a) 5-24-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 23rd day  
year 1946 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from May 22, 1946, to 5/23, 1946,  
that I last saw her Emma 5/22/46 at 11:11 P.M.  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhage  
or Hemiplegia

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations g30

Of autopsy

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?

While at work (Specify type of place) (e) Means of injury

23. Signature Charles Albright (M.D. or other) g.p.  
Address 230 West 1st Bldg Date signed 5/24/46

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

Dr. Chas Alhente

3rd east 39th

Val 1800

0545

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

*Cortland Munn*

Licensed Embalmer No. *3414*

P. O. Address. *918 Brooklyn*

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.