S. No. 2
OM—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20397

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2631

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:
Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 years 2 Months (Specify whether years, months or days)

In this community 75 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

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

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

If yes, name country

3. (a) PRINT FULL NAME MRS. ROSE MENTH

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 Widower

6. (b) Name of husband or wife No record

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

7. Birth date of deceased Aug 28 1870 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	9	15	hr. min.

9. Birthplace Kansas City Mo (City, town, or county) (State or foreign country) U

10. Usual occupation None

11. Industry or business

FATHER 12. Name Frank Schmidt

13. Birthplace No record (City, town, or county) (State or foreign country) 9

MOTHER 14. Maiden name Elizabeth Schlecher

15. Birthplace No record (City, town, or county) (State or foreign country) 9

16. (a) Informant Little Sisters of the Poor

(b) Address 5331 Highland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-46 (Month) (Day) (Year)

(c) Place: burial or cremation St Marys

18. (a) Signature of funeral director Laurie & Gobin

(b) Address 20 West Linwood

19. (a) 6-14-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day June year 1946 hour 5:10 minute A M.

21. I hereby certify that I attended the deceased from June 1, 1946 to June 13, 1946; that I last saw him alive on June 11, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Bronchus	
Due to: Carcinoma from skin of left leg	years
Due to: arteriosclerosis	years
Other conditions (Include pregnancy within 3 months of death) 53	

Major findings:
Of operations no
Of autopsy no

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 Shuman (M. D. or other)

Address 1012 Grand Ave. Date signed 6-13-46

(Licensed Embalmer's Statement on Reverse Side)

JT. 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 Charles M Quirk

Licensed Embalmer No. [illegible] 377

P. O. Address [illegible]

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.