

S. No. 2  
M-543  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF DEATH CASES  
THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED SEP 3 1946**  
**STANDARD CERTIFICATE OF DEATH**

State File No. 27097  
Registrar's No. 3633

Registration District No. 149 Primary Registration District No. 1002

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

**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: General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo. 1 day  
(Specify whether years, months or days) 3 years 9 months

**3. (a) PRINT FULL NAME** Helen Dumlnels  
**3. (b) If veteran,** name war no **3. (c) Social Security No.** None  
**4. Sex** Fe m. **5. Color or race** Wh  
**6. (a) Single, widowed, married, divorced** Widow  
**6. (b) Name of husband or wife** Anton **6. (c) Age of husband or wife if alive** years 29  
**7. Birth date of deceased** Feb 22 1868  
(Month) (Day) (Year)

**8. AGE:** Years 78 Months 5 Days 29 If less than one day hr. min.

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

**10. Usual occupation** at home

**11. Industry or business**

**12. Name** Frank Wirth 10

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

**14. Maiden name** Sophia Keller

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

**16. (a) Informant** Little Sisters of the Poor

**(b) Address** 5331 Highland

**17. (a) (Burial, cremation, or removal)** Burial **(b) Date thereof** 8-22-46  
(Month) (Day) (Year)

**(c) Place: burial or cremation** St. Joseph Lem Shawnee, Kans

**18. (a) Signature of funeral director** Durk + Robin Han

**(b) Address** 20 W. Fenwood  
**19. (a) 8-22-46** **(b) Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**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. 5331 Highland 8  
(If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Aug. day 21  
year 1946 hour 3 minute 40 A.M.  
**21. I hereby certify that I attended the deceased from** July 22 19 46 to Aug. 21 19 46  
**that I last saw her** er **alive on** Aug. 21 19 46  
**and that death occurred on the date and hour stated above.**

**Immediate cause of death** Bronchopneumonia-Pick's disease  
**Duration** \_\_\_\_\_  
**Due to** \_\_\_\_\_  
**Due to** \_\_\_\_\_  
**Other conditions** Fr. of rt. hip  
(Include pregnancy within 3 months of death)  
**Major findings:** 1860's  
**Of operations** \_\_\_\_\_  
**Of autopsy** See above

**22. If death was due to external causes, fill in the following:** 123  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 7-22-46  
(c) Where did injury occur? Above address K. C. Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home on farm, in industrial place, in public place?  
**23. Signature** Wm W. Hart (M. D. or other) 8-22-46  
**Address** Med. Dir. Gen'l Hosp **Date signed** \_\_\_\_\_

MOTHER FATHER

*Dr. J. H. [unclear]*

**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 *Howard W. Farmer*

Licensed Embalmer No. *4134*

P. O. Address *KCM*

**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.**