V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33499

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4314

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hrs. 55 mins.
In this community 6 months (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") 8
(d) Street No. 3110 East 11th St. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Degele, sr
3. (b) If veteran, name war World War 1
3. (c) Social Security No. 511-16-8332
4. Sex Male 0
5. Color or race White 1
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs Lena B. Degele
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Nov. 25, 1898 (Month) (Day) (Year)

8. AGE: Years 47 Months 10 Days 16 If less than one day hr. min.

9. Birthplace Milwaukee, Wis. (City, town, or county) 1 (State or foreign country)
10. Usual occupation Brakeman
11. Industry or business K.C. Southern R.R.
FATHER
12. Name Joseph Degele 5
13. Birthplace France (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name No record
15. Birthplace France. (City, town, or county) 5 (State or foreign country)
16. (a) Informant Mrs Lena B. Degele
(b) Address 3110 East 11th St.
17. (a) Removal (auto) (Burial, cremation, or removal) (b) Date thereof Oct. 15, 194 (Month) (Day) (Year)
(c) Place: burial or cremation Shawnee, Kas.
18. (a) Signature of funeral director Thos. E. Quirk
(b) Address 4316 Troost Ave.
19. (a) 10-14-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11 year 1946 hour 11 minute 15 A.M.
21. I hereby certify that I attended the deceased from Oct. 10, 1946, to Oct. 11, 1946; that I last saw him alive on Oct. 11, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral vascular accident	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 8 30	
Of autopsy None	

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 0
23. Signature Tom W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 10-12-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. [illegible]

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 Thomas E. Quirk

Licensed Embalmer No. 3775

P. O. Address R.C. Mo

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.