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FILED DEC 31 1946  
Registration District No. 177

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: Polyclinic Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 6 months  
In this community 4 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4417 Monroe  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Wauneta P. KOLMAN

3. (b) If veteran, name war No 3. (c) Social Security No. 492-28-6498

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Homer Kolman 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased December 5, 1905  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
41 0 8 hr. min.

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

10. Usual occupation Inspector

11. Industry or business Hall-Mark

MOTHER FATHER

12. Name Ira A. Bowles

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

14. Maiden name Bonnie Kelly

15. Birthplace St. John Kan.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ira A. Bowles  
(b) Address 4417 Monroe, K.C. Mo.

17. (a) Burial (b) Date thereof 12-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park K.C. Mo.

18. (a) Signature of funeral director Melody-McGilley-Eyler  
(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 12-16-46 (b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13th  
year 1946 hour 11 minute 25 P.M.  
21. I hereby certify that I attended the deceased from June 11, 1946, Dec. 13, 1946;  
that I last saw her alive on Dec. 13, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Toxemia  
Cachexia  
Due to inoperable carcinoma of uterus  
Worm in hepatic colitis  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_ 48 hr  
Of operations \_\_\_\_\_  
Of 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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0  
23. Signature Arthur J. Semec, M.D. (M. D. or other)  
Address 2624 Broadway, Blue Date signed 12-18-46

**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 *Elmer E. Heck*

Licensed Embalmer No. *4063*

P. O. Address. *Kansas City, 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.**