No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 31 1946

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40813

Registrar's No. 5355

**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: St Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital 2 days (Specify whether
In this community 2 Days
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Kansas (b) County Johnson

(c) City or town Overland Park
(If outside city or town limits, write "RURAL")

(d) Street No. 8036 Floyd
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Roger Remment

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race wh

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 30 1941
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 5 | 2 | 21 | hr. min. |

9. Birthplace Kansas city (City, town, or county) mo (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Theodore R Remment
13. Birthplace Keithville (City, town, or county) mo (State or foreign country)

MOTHER
14. Maiden name Fern Stapenhorst
15. Birthplace St Louis (City, town, or county) mo. (State or foreign country)

16. (a) Informant Mrs Fern Remment
(b) Address 8036 Floyd, Overland Park Kse

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Calaveras Cemetery

18. (a) Signature of funeral director J Royce Hoge
(b) Address Overland Park Kans

19. (a) 12-24-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 21
year 1946 hour 12.50 minute 4 A.M.

21. I hereby certify that I attended the deceased from Sept 18, 1946 to Dec 21, 1946
that I last saw him alive on 12/20, 1946;
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Wilms Tumor | 3 mo |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 52 a | |

Major findings:
Of operations
Of autopsy Extension Wilms Tumor to Abdomen Contents

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 William M Kent (M. D. or other) MD
Address Pat Bldg KC Mo Date signed 12/21/46

(Licensed Embalmer's Statement on Reverse Side)

## 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 J. Royce Hoge

Licensed Embalmer No. 3579

P. O. Address Overland Park Kans

**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.**