

S. No. 300
DM-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12851**
Registrar's No. **1830**

FILED MAY 7 1948
Registration District No. **279**

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 **23 days**
(Specify whether years, months or days)
 In this community **50 Years**

3. (a) PRINT FULL NAME **Helen Roach**
 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 **Divorced 3**
 6. (b) Name of husband or wife **Unknown**
 6. (c) Age of husband or wife if alive **years**
 7. Birth date of deceased **8 19 1890**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	8	4	hr. min.

9. Birthplace **Kansas**
(City, town, or county) (State or foreign country)
 10. Usual occupation **At Home**

11. Industry or business
 12. Name **William VonNetz**
 13. Birthplace **Kansas**
(City, town, or county) (State or foreign country)
 14. Maiden name **Emma Chappin**
 15. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mamie E. Wagner**
 (b) Address **1527 Cherry**
 17. (a) **Burial** (b) Date thereof **4-26-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **St. Hope, K.C. Kans.**

18. (a) Signature of funeral director **Mrs. C. L. Forster**
 (b) Address **Kansas City, Missouri**
 19. (a) **4-26-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **1527 Cherry**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **23**
 year **1948** hour **1** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **March 30** 19 **48** to **April 23** 19 **48**
 that I last saw her alive on **April 23** 19 **48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of lungs.**
 Duration

Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death) **47.2**

Major findings: Of operations
 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?
 While-at work? (Specify type of place) (e) Means of injury
 23. Signature **[Signature]** (M. D. or other) **[Signature]**
 Address **Med. Dir. Gen'l Hosp** Date signed **4-23-48**

Dr. Coleman

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..... *Jerry A. Minor*
Licensed Embalmer No. *4496*
P. O. Address..... *918 Brooklyn, K.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.