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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1948

Registration District No. 8/9

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29974

Primary Registration District No. 1002

Registrar's No. 3764

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: 5212 E 7th Street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 5212 E 7th Street 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Katie Rice Sollos

3. (b) If veteran, name war —
3. (c) Social Security No. none

4. Sex Female 1
5. Color or race White 1
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Geo. T. Sollos
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Aug (Month) 28 (Day) 1869 (Year)

8. AGE: Years 79 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Lexington (City, town, or county) Missouri (State or foreign country) n
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Jacob H. Klee
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Caroline Hegert
15. Birthplace Germany (City, town, or county) (State or foreign country) 1
16. (a) Informant Geo. T. Sollos 1
(b) Address 5212 E 7th K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 15 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Lexington Missouri
18. (a) Signature of funeral director Earl Hegert
(b) Address Raytown Mo.
19. (a) 9-14-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13th year 1948 hour 1 minute 53 P.M.
21. I hereby certify that I attended the deceased from 9/8 48, 19..., to 9/13, 1948; that I last saw h. alive on 9/13, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 3 days
Due to Senility —
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 83
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature P. Alvelgaard M.D. (M. D. or other)
Address 5400 S. Grand Ave Date signed 9/14/48
K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

SEP 30 1957

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 E. Clark Hegert

Licensed Embalmer No. 3983

P. O. Address Paytown, 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.