

FILED FEB 14 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 1282  
209

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>							
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>40 YRS.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>							
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>2310 Hardesty</b>				d. STREET ADDRESS (If rural, give location) <b>2310 Hardesty</b>							
3. NAME OF DECEASED (Type or Print) <b>MISS FRANCES C. HERMANN</b>			a. (First)		b. (Middle)		c. (Last)				
4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 16, 1949</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Aug. 1, 1880</b>			
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Days		Hours		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nurse</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>Kansas</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13a. FATHER'S NAME <b>Henry J. Hermann</b>			13b. MOTHER'S MAIDEN NAME <b>Charlotte E. Voll</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Miss Charlotte H. Hermann</b>			ADDRESS <b>K. C. Mo.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Past - Influenzal Myo-</b> DUE TO (c) <b>Carditis 481X</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs.</b> <b>2 wks</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Generalized Arteriosclerosis</b>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Sclerosis</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept, 1948</b> , to <b>Jan 15, 1949</b> that I last saw the deceased alive on <b>15 Jan, 1949</b> , and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE <b>Robert M. Myers</b> (Degree or title)				23b. ADDRESS <b>1025 Quail Blvd</b>				23c. DATE SIGNED <b>17 Jan 49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-18-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>					
DATE REC'D BY LOCAL REG. <b>1-17-49</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Freeman Mortuary</b>		ADDRESS <b>Kansas City, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

*The Robert ...*

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*[Handwritten Signature]*

Licensed Embalmer No. 2939

P. O. Address K. O. 940.

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.