

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 21 1950

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1563

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

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| c. LENGTH OF STAY (In this place) 45 yrs | | d. STREET ADDRESS (If rural, give location) 4423 Wyoming | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION In front 45 & Fairmount | | | |

3718
3710

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|--|----------------------------|---|--|--|--|--|--|
| 3. NAME OF DECEASED a. (First) ANNA | | b. (Middle) | | c. (Last) POMY | | 4. DATE OF DEATH (Month) 4 (Day) 1 (Year) 50 | |
| 5. SEX Fe | 6. COLOR OR RACE Wh | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 4-20-1881 | | 9. AGE (In years last birthday) 68 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | | 11. BIRTHPLACE (State or foreign country) Germany | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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| 13a. FATHER'S NAME Paul Gumming | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Henry A. Pomy |
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|---|--|-------------------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) XX | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Louise Wagner, Shawnee, Kansas | ADDRESS |
|---|--|-------------------------------------|--|---------|

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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aneurysm of Aorta - Rupture | | 4 yrs |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Syphilis | | ? |
| DUE TO (c) | | 02 2 1/2 | |
| II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT-SUICIDE HOMICIDE (Specify) no | 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) (Minute) | 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 Dec. 15, 1949, to April 1, 1950, that I last saw the deceased alive on March 20, 1950, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE Max S. Allen | (Degree or title) M.D. | 23b. ADDRESS 411 Alameda Road, K.C., Mo. | 23c. DATE SIGNED 4-3-50 |
|------------------------------------|-------------------------------|---|--------------------------------|

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|---|-------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4-4-50 | 24c. NAME OF CEMETERY OR CREMATORY Calvary | 24d. LOCATION (City, town, or county) (State) Kansas City Mo. |
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| DATE REC'D BY LOCAL REG. 4-3-50 | REGISTRAR'S SIGNATURE M. Waldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE J.W. Wagner | ADDRESS K.C. Mo. |
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411 Alameda St
SF 1700

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.....

.....
working under my personal supervision.

..... Student Embalmer No.

Signed.....

Eugene T. Hermon

Signed.....
Student Embalmer

Licensed Embalmer No. 4633

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.