

FILED JUL 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20439
2818

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2818</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>51 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>3432 Wyandotte</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3432 Wyandotte</u>				d. STREET ADDRESS (If rural, give location) <u>3432 Wyandotte</u>			
3. NAME OF DECEASED a. (First) <u>Miss Dorothy</u> (Type or Print)			b. (Middle) _____		c. (Last) <u>Romasser</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married 1/</u>		8. DATE OF BIRTH <u>Sept 25 1875</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>28</u>	IF UNDER 1 HR. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Statistician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Burlington R; R.</u>		11. BIRTHPLACE (State or foreign country) <u>Maryville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>LOUIS ROMASSER</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET POPE</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>707-07-6949</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Geo. Junstall Atchison, Kans</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Heart Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial asthma</u>				<u>15 yr</u>	
		DUE TO (c) <u>Myocarditis</u>				<u>5 yr</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio-sclerosis</u>				<u>10 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>MI</u>					
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) _____ m.		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 _____, 19 <u>40</u> , to <u>June 23, 1950</u> , that I last saw the deceased alive on <u>June 20, 1950</u> , and that death occurred at <u>9:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Melvin Langford</u>				23b. ADDRESS <u>10 Kansas St. Mo.</u>		23c. DATE SIGNED <u>6-24-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/27/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>-</u>		24d. LOCATION (City, town, or county) (State) <u>Maryville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-26-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Quirk & Tolson Co</u>		ADDRESS <u>20 W. Linwood</u>	

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

JUL 15 1950

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

Forrest D. Coldman

Signed.....
Student Embalmer

Licensed Embalmer No. *4214*

P. O. Address *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.