

FILED JUN 3 1954

STANDARD CERTIFICATE OF DEATH

16137
State File No. 2186

| | | | | | | | | | | |
|--|--|---|--|--|--|--|--|---|---------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | | | |
| 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>66 YEARS</u> | | c. CITY OR TOWN <u>KANSAS CITY</u> | | d. Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u> | | | | e. STREET ADDRESS <u>3030 EUCLID</u> | | (If rural, give location) <u>8408</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>HERBERT</u> | | b. (Middle) <u>(N.M.J.)</u> | | c. (Last) <u>ROEMER</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 11, 1954</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | | 8. DATE OF BIRTH <u>February 10, 1888</u> | | 9. AGE (In years last birthday) <u>66</u> If under 1 year: Months _____ Days _____ If under 4 hrs: Hours _____ Min. _____ | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engraver</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>JEWELRY</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>Henry E. Roemer</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Matilda J. Stoll</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>Yes WW I</u> | | 16. SOCIAL SECURITY NO. <u>487-02-3676</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital Official Records Kansas City Mo</u> | | | | | ADDRESS | |
| 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. | | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>52 days</u> | | |
| | | ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ | | | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | <u>331</u> | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 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) | | 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 <u>March 27</u> , 19 <u>54</u> , to <u>May 11</u> , 19 <u>54</u> , that I last saw the deceased <u>XXXXXX</u> , and that death occurred at <u>6:50 P.M.</u> , from the causes and on the date stated above. | | | | | | | | | | |
| 23. SIGNATURE <u>Thomas J. Rankin</u> (Degree or title) <u>THOMAS J. RANKIN, M.D.</u> | | | | 23b. ADDRESS <u>VA Hospital, Kansas City, Mo</u> | | 23c. DATE SIGNED <u>5/12/54</u> | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>MAY 14, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u> | | | | |
| DATE RECD BY LOCAL REG. <u>5-14-54</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>A. N. Newcomer</u> ADDRESS <u>1331 BRUSH GREEN BLVD. KANSAS CITY, MISSOURI</u> | | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.