

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30683

State File No. 4277

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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 town) OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 10 Mo.  
c. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give name and location) 918-E-9TH STREET  
STREET ADDRESS (If rural, give location) 13 918-E-9TH STREET 3128

3. NAME OF DECEASED (Type or Print)  
a. (First) BARBARA b. (Middle) E. c. (Last) LEMKE  
4. DATE OF DEATH (Month) (Day) (Year) SEP. 6 1954

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED  
8. DATE OF BIRTH DEC. 27, 1869 9. AGE (In years last birthday) 85-84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE 10b. KIND OF BUSINESS OR INDUSTRY AT HOME  
11. BIRTHPLACE (City and State or Foreign Country) GERMANY 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WIND REINHARDT 13b. MOTHER'S MAIDEN NAME EVA  
14. NAME OF HUSBAND OR WIFE ARNOLD LEMKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)  
16. SOCIAL SECURITY NO. NONE  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS ARNOLD F. LEMKE 5616 LYDIA K.C. MO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Apoplexy - recurrent  
ANTECEDENT CAUSES (b) arteriosclerosis (c) advancing age  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH 3 days  
3347

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_  
20. AUTOPSY? YES  NO

21. ACCIDENT (Specify) SUICIDE HOMICIDE 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  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from July 1954, to Sept 6, 1954, that I last saw the deceased alive on Sept 4, 1954, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE R. Paul Wright (Degree or title) 23b. ADDRESS Kansas City, Mo. 13241 Prof. Alley  
23c. DATE SIGNED Sept 7 - 54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE SEP-8-1954 24c. NAME OF CEMETERY OR CREMATORY FORBIST HILL 24d. LOCATION (City, town, or county) (State) KANSAS CITY Mo

DATE REC'D BY LOCAL REG 9-7-54 Nera Marshall REGISTRAR'S SIGNATURE REGISTERAR'S SIGNATURE D. W. Newcomer  
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1331 BRUSH CREEK R.C. Mo.

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

Case by Dr. Wright

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.....  
Signature of Student Embalmer

Signed..... *John B Lewie*.....

Licensed Embalmer No. *487*

P. O. Address *K C MD*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.