

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

'59 0 4 4 3 6 9

FILED VS DEC 3 0 1959

Registration District No. 149 Primary Registration District No. 1007 Registrar's No. 6047

STATE FILE NUMBER

AMENDED

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, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Research Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>11800 Bannister</b>	

3. NAME OF DECEASED (Type or print) First <b>CHARLOTTE</b> Middle <b>VOLLMER</b> Last <b>VOLLMER</b>			4. DATE OF DEATH Month <b>December</b> Day <b>11</b> Year <b>1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-4-1911</b>	9. AGE (last birthday) <b>48</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Vogtland, Germany</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A</b>	

13a. FATHER'S NAME <b>Schieferdecker Langheimrich</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Grobe</b>		14. NAME OF HUSBAND OR WIFE <b>Gustav Vollmer</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 <b>Gustav Vollmer, 11800 Bannister</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Uterus</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	

20f. CITY, TOWN, OR LOCATION <b>Kansas City, Missouri</b>		20g. STATE <b>Missouri</b>	
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21. I attended the deceased from **Nov 16-59** to **Dec 11, 1959** and last saw her alive on **Dec 10, 1959**  
Death occurred at **9:30 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Fred B. Kyger m d</b>		22b. ADDRESS <b>1512 Professional Bldg</b>		22c. DATE SIGNED <b>Dec 11, 59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Dec 14, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>		23e. STATE <b>Missouri</b>		23f. COUNTY <b>Jackson</b>	

24. FUNERAL DIRECTOR <b>WILKS FUNERAL HOME 2315 Linwood Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>12-15-59</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Fred B. Kyger

