

REC'D SEP 13 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Jackson
Kaw
Kansas City

Registration District No.

Primary Registration District No.

(No.

399

1602

Stobenson Clinic

File No.

Registered No.

27768

3079

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

Wilhemina Roedel 340

Wellington, Mo.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 15 1911

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

✓

10. Date deceased last worked at this occupation (month and year)..... 1936

11. Total time (years) spent in this occupation..... ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Wellington Mo

13. NAME

Jule Roedel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mt Vernon Ind.

15. MAIDEN NAME

May Sahmeier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Warren Co. Mo

17. INFORMANT

(ADDRESS)

Jule Roedel Wellington Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Wellington DATE Aug 2 1938

19. UNDERTAKER

(ADDRESS)

Wuesing Funeral Home Wellington Mo

20. FILED

DATE

Aug 2 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug 2 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 9 1938, to Aug 2 1938

last seen alive on Aug 20 1938. Death is said

to have occurred on the date stated above, at 3:20 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Dilatation of the Heart

Date of onset

Aug 2 1938

Other contributory causes of importance:

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify.....

(Signed)

A. M. Sahmeier, M. D.

(Address)

2625 Pasco Kansas City Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

95733
N. M. O.
Record closed
8-22-79