DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1161

Registration District No. 399 (FEB FEB 26 1940)

Primary Registration District No. 1002

Registrar's No. 146

1. PLACE OF DEATH:

(a) County: Jackson, -2

(b) City or town: Kansas City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2411 Norton,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: x (Specify whether years, months or days)

In this community: Unknown, 1 11

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri, (b) County: Jackson,

(c) City or town: Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No.: 2411 Norton,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? x years.

3. (a) PRINT FULL NAME: Fred Michael Drogmund,

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed,

6. (b) Name of husband or wife: Sue Shough Drogmund,

6. (c) Age of husband or wife if alive: x years

7. Birth date of deceased: May (Month) 6, (Day) 1862 (Year)

8. AGE: Years 78 78 | Months 8 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace: Illinois, (City, town, or county) (State or foreign country)

10. Usual occupation: atock Salesman,

11. Industry or business: x

FATHER
12. Name: Fritz Drogmund, 6
13. Birthplace: Germany, 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Margaret Sack,
15. Birthplace: Germany, (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Mrs. Julia Longfellow,

(b) Address: 2411 Norton, Kansas City, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof: 1-13-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Mount Washington Cem.

18. (a) Signature of funeral director: Stine & McClure,

(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) Jan. 21 40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11, year 1940, hour 12:00 minute noon M.

21. I hereby certify that I attended the deceased from Dec 30, 1939, to Jan 11, 1940 that I last saw him alive on Jan 11, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchio Pneumonia (Hypostatic)	4 da
Due to: Arteriosclerosis	
Due to: Senility 10 yr	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: none	
Of autopsy: none	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature: D. E. Edmonds (M. D. or other)

Address: 4 Jackson Ave. Date signed 1/11/40

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr. Edmunds, 24th and Lister

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.