No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

13893

State File No.

FILED MAY 15 1940

Registration District No. 1099

Primary Registration District No. 1002

Registrar's No. 1605

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

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution:
2623 Victor Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --
(Specify whether
In this community 4 Years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Ellen German 655

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. James C. German

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

7. Birth date of deceased April (Month) 18th (Day) 1858 (Year)

8. AGE: Years 81 Months 11 Days 27 If less than one day hr. min.

9. Birthplace Limerick (City, town, or county) Ireland (State or foreign country)

10. Usual occupation At Home

11. Industry or business --

FATHER
12. Name Unknown Fitzgerald
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Unknown O'Neil
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Alice F. Roth
(b) Address 2623 Victor

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director O. K. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) April 15, 1940 (Date received local registrar) (b) (Registrar's signature)

**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. 2623 Victor Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 60 Years years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 15th year 1940 hour 6 A.M. minute M.

21. I hereby certify that I attended the deceased from April 15, 1939, to April 15, 1940, that I last saw her alive on April 14, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Septicaemia

Due to Endarteritis Obliterans

Due to Arteriosclerosis

Other conditions Infected bed sores
(Include pregnancy within 3 months of death)

Duration: 1 year

Major findings:
Of operations

Of autopsy

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 John G. Lapp (M. D. or other) M.D.
Address 1304 Professional B Date signed 4/15/40

(Licensed Embalmer's Statement on Reverse Side)

## 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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K.C. Mo

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

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