No. 2
-10-39
7-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32227

FILED OCT 18 1940

Registration District No. 4 Primary Registration District No. 5558 Registrar's No. 5558

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: 8443 Wyoming
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community Over 40 years

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. 8443 Wyoming
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Rosalia Sommerhouse

3. (b) If veteran, name war –

3. (c) Social Security No. –

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John P. Sommerhouse

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Dec. 27th, 1874 (Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace – (City, town, or county) Indiana (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Henry Koelsch
13. Birthplace – (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Miller
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant John P. Sommerhouse
(b) Address 8443 Wyoming

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 16 - 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director R. V. Lindsey & Sons
(b) Address 3811 Broadway

19. (a) 10-7-40 (Date received local registrar) R. V. Lindsey & Sons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12 year 1940 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 4, 1940, to Sept 12, 1940; that I last saw her alive on Sept 12, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the breast	1937
Due to: Metastasis to the lung	1940
Due to: " " " vertebra	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Carcinoma of the breast

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 Kip Robinson (M. D. or other) MD
Address 9th Professional Bldg. K.C. Mo. Date signed 10-13-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Kip Robinson
Professional Bldg
11th & Grand
(we issue permit)

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~~ Edison H. Peters, Registered Apprentice No. 271 working under my personal supervision.

Signed Roscoe H Keeler

Licensed Embalmer No. 3738

P. O. Address KC

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

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