

S. No. 2
M-2-43
5-17-36
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31949

State File No. _____

FILED OCT 13 1943

Registrar's No. 4102

Registration District No. 149

Primary Registration District No. 1002

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:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 5 mo

3. (a) PRINT FULL NAME MRS. KATHERINE WOTNOW

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William J. 6. (c) Age of husband or wife if 59 years

7. Birth date of deceased September 2, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 0 22 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Kramer

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Cantz

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant William J. Stotow

(b) Address 4628 G. Dimment

17. (a) Removal (b) Date thereof 9/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Illinois

18. (a) Signature of funeral director Quirk and Robin C.

(b) Address 20 West Linwood, K. C., Mo.

19. (a) 9-25-43 (b) J. C. Brown
(Date received local registrar) (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. 4638 Fairmount
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th
year 1943 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from August 8 to Sept 24, 1943
that I last saw her alive on Sept 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Cerebral Sclerosis

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death) 132

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

Signature George C. Lee (M. D. or D. O.)

Address 1630 Prof Bldg Date signed 9/25/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Harold Ross*.....

Licensed Embalmer No. *2810*.....

P. O. Address *H. G. M.*.....

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

If this body is not embalmed, fact should be so stated above.