

U. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

23915

State File No. ....

**FILED AUG 14 1944**  
199

Registrar's No. **3153**

Registration District No. ....

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:  
**General Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day 0**  
(Specify whether years, months or days)

In this community **25 years**

**3. (a) PRINT FULL NAME** **Ida M. Unverzagt**

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 **widow**

6. (b) Name of husband or wife **George**

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

7. Birth date of deceased **August 10, 1868**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>75</b>	<b>11</b>	<b>21</b>	hr. min.

9. Birthplace **Quincy Ill**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business **Family**

MOTHER FATHER {

12. Name **John Wolf**

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

14. Maiden name **unknown**

15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **George Unverzagt**

(b) Address **5838 East 14th St**

17. (a) **Burial**  
(Burial, cremation, or removal)

(b) Date thereof **Aug 2, 1944**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills**

18. (a) Signature of funeral director **Joyce Funeral Home**

(b) Address **3146 Main St**

19. (a) **8-1-44**  
(Date received local registrar)

(b) **N. C. Brown**  
(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. **5838 East 14th**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **0**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **July** day **31**  
year **1944** hour **1:28** minute **2** M.

21. I hereby certify that I attended the deceased from **Republ. Co. Ins.**

that I last saw h. **alive on** 19\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death **Primary carcinoma of the uterus with metastases to the lungs.**

Due to **48 hr.**

Other conditions (include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy **see above**

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?

While at work (Specify type of place) (c) Means of injury

23. Signature **A. E. Washer** (M. D. or one)

Address **23rd & Mc Coy** Date signed **7/31/44**

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**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

*Osvald Samuelson*

Licensed Embalmer No. 3002

P. O. Address. 3146 Main

**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.