V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33123

Registration District No. 197 Primary Registration District No. 1002 Registrar's No. 4141

1. PLACE OF DEATH: Jackson
(a) County Kansas City
(b) City or town (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 30 MIN. (Specify whether
In this community 25 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 47
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 104th Grace RR 1 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FALKE, HERMAN H. SR.
3. (b) If veteran, name war N/O
3. (c) Social Security No. 500-25-1490
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hulda Falke
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased July 4, 1903 (Month) (Day) (Year)

8. AGE: Years 41 Months 3 Days 10 If less than one day — hr. — min.

9. Birthplace Russellville Mo (City, town, or county) (State or foreign country)
10. Usual occupation Salesman
11. Industry or business
FATHER
12. Name Christian Falke
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Hemps
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Herman H. Falke Sr.
(b) Address 104th Grace K.C. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director Suddarth
(b) Address KC Mo
19. (a) 10-14-44 (Date received local registrar) (b) T. E. Brown (VZ) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14th year 1944 hour 5:00 minute A M.
21. I hereby certify that I attended the deceased from Deputy, 19__ to Coroner, 19__;
that I last saw h__ alive on __, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary occlusion
Due to
Due to 94a
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy See above

Duration

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 A. E. Asher (M. D. or other) MD
Address 23rd & McCoy Date signed 10/14/44

(Licensed Embalmer's Statement on Reverse Side)

DEC 14 1944

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. 2806

P. O. Address 6900 Tacoma Ave

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.