

FILED FEB 14 1945

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 403

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:  
6159 CHARLOTTE 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 7 MONTHS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON <sup>48</sup>  
 (c) City or town KANSAS CITY <sup>3</sup>  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6159 CHARLOTTE STREET <sup>8</sup>  
(If rural, give location)  
 (e) Citizen of foreign country? YES (Yes or No)  
 If yes, name country GERMANY

3. (a) PRINT FULL NAME MR. HERMAN CHMIEL

3. (b) If veteran, name war No  
 3. (c) Social Security No. 348-09-6493-A

4. Sex MALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife MRS.  
 6. (c) Age of husband or wife if alive 66 years  
 7. Birth date of deceased NOVEMBER-28-1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>1</u>	<u>29</u>	hr. _____ min.

9. Birthplace 4 GERMANY  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business 1 YEAR

12. Name CHRISTIAN CHMIEL

13. Birthplace 4 GERMANY  
(City, town, or county) (State or foreign country)

14. Maiden name WENSLOW

15. Birthplace 4 GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. MARTHA CHMIEL

(b) Address 6159 CHARLOTTE STREET

17. (a) BURIAL (b) Date thereof JAN-29-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director D. H. Newcomer Jones

(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 1-29-45 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 27<sup>TH</sup>  
 year 1945 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 9-11 1944 to Jan 27 1945  
 that I last saw her alive on Jan 27 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bronchial  
 Due to cold

Due to \_\_\_\_\_  
 Other conditions Chronic Rheumatism  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 107

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? \_\_\_\_\_

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

23. Signature High Century (M. D. or other) \_\_\_\_\_  
 Address 7-270-45 Date signed 1-

303

303 W. Wickman 1988g  
1-5 Nov 68 40-20

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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..... *C. Oscar Torrey* .....

Licensed Embalmer No. *1767* .....

P. O. Address..... *Kansas City* .....

**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.**