

No. 2
M-5-43
5-17-39
I X36671

UNITED STATES HEALTH DEPARTMENT
STANDARD CERTIFICATE OF DEATH

1779
192

FILED JAN 31 1946
Registration District No. 1002

Primary Registration District No. 1002

State File No. 1779
Registrar's No. 192

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:
19th and Charlotte
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community unknown years, months or days)

3. (a) PRINT FULL NAME Major R. Sollenberger
3. (b) If veteran, name war World War #2 3. (c) Social Security No. unknown.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mildred Sollenberger 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased unknown Oct. 6, 1915
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 3 3 hr. min.

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

10. Usual occupation Major

11. Industry or business U. S. Army

MOTHER FATHER
12. Name unknown Harry E. Sollenberger
13. Birthplace unknown, Penn! (City, town, or county) (State or foreign country)
14. Maiden name unknown Anna M. Sheets
15. Birthplace unknown Penn! (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mildred Sollenberger
(b) Address 6814 Ashland, Chicago, Illinois,

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1-12-46 (Month) (Day) (Year)

(c) Place: burial or cremation Abilene, Kansas.

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-12-46 (Date received local registrar) (b) Murdine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Cook 91!
(c) City or town Chicago, 11 (If outside city or town limits, write "RURAL")
(d) Street No. 6814 Ashland (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9
year 1946 hour 8:43 minute * P.M.

21. I hereby certify that I attended the deceased from known, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured skull,
Broken chest,
Due to Broken pelvis,
Due to Auto Trauma

Other conditions 170C 1-8
(Include pregnancy within 3 months of death)

Major findings:
Operations:

Of autopsy no
History of Fractures

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 1-9-46 1213
(c) Where did injury occur? 100 Jackson mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

While at work? no (Specify type of place) (e) Means of injury Auto + Bus

23. Signature James Walker 3 (M. D. or other)
Address 1424 1/2 1st St Date signed 1-12-46

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

1259

JUN 6 1946

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. 1413

P. O. Address.....

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.