

S. No. 2
M-5-43
v. 5-17-39
I X36871

FILED Jul 11 1946

Registration District No. _____ Primary Registration District No. **3026**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Independence Sanitarium & Hospital
(If not in hospital or institution, write street number or location)

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

In this community **2 1/2** Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Rural Blue**
(If outside city or town limits, write "RURAL")

(d) Street No. **Holke Road R.F.D. #3**
(If rural, give location)

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

3. (a) PRINT FULL NAME **LORRAINE CHRISTINE RDOMANSKI**

3. (b) If veteran, name war *********

3. (c) Social Security No. *********

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Child**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **September 5, 1934**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	11	9	7	hr. min.

9. Birthplace **Groton, Connecticut**
(City, town, or county) (State or foreign country)

10. Usual occupation **Schoolchild**

11. Industry or business _____

MOTHER FATHER

12. Name **Zygmund P. Rodomanski**

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

14. Maiden name **Blanche L. Crandall**

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

16. (a) Informant **Zygmund P. Rodomanski**

(b) Address **Independence, Missouri**

17. (a) **Burial** (b) Date thereof **6/14/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mound Grove Cemetery**

18. (a) Signature of funeral director **Poland Roper**

(b) Address **Independence, Missouri**

19. (a) **June 22-1946** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12**, year **1946** hour **4** minute **45** P.M.

21. I hereby certify that I attended the deceased from **12/15/45**, 19____, to **6/12/46**, 19____; that I last saw her alive on **2/9/46**, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetic acidosis** **24 hrs**

Due to **Diabetes Mellitus** **years**

Due to _____

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

PHYSICIAN

Major findings: Of operations _____

Of autopsy **6/1**

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? _____

23. Signature **Vance E. Link M.D.** (Specify type of place) **(c)** Means of injury _____
(M. D. or other)

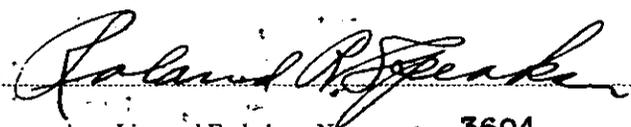
Address **129 W. Lexington St., Independence, Mo** Date signed **6/14/46**

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..... 3604

P. O. Address: Independence, Missouri

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.