S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

Registration District No. 197

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9284

Registrar's No. 1498

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 No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1832 E. 68 Terr. 8
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lorena Morgenroth

3. (b) If veteran, name war xx

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Max H. Morgenroth

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased November (Month) 22 (Day) 1902 (Year)

8. AGE: Years 44 | Months 4 | Days 6 | If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Ross
13. Birthplace Hancock County (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Lulu Keller
15. Birthplace Buckner (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Max H. Morgenroth
(b) Address 1832 East 68th Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director J W Wagner
(b) Address Kansas City, Mo.

19. (a) 3-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1947 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 12, 1947, to March 28, 1947
that I last saw her alive on March 28, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis of lung	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 13 b	
Of autopsy None	

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 0

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 3-29-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Kirby

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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 Cecil R Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, M

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.