

2-43
17-39
X35597

FILED JUL 14 1948
Registration District No. 29

Primary Registration District No. 6022

State File No. _____

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Henrietta Richmond Corp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Red Top Camp
(If not in hospital or institution, write street number or location) 3

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community Jackson County 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence

(d) Street No. 301 E. Lexington
(If outside city or town limits, write "RURAL")

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

If yes, name country _____

3. (a) PRINT FULL NAME TIMOTHY MOMMSEN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan. 12, 1939
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	9	5	19	hr. min.

9. Birthplace Des Moines, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation student

11. Industry or business _____

MOTHER FATHER {

12. Name W. J. MommSEN

13. Birthplace Woodman, Wisc.
(City, town, or county) (State or foreign country)

14. Maiden name Wanda Agatha

15. Birthplace Chicago, Ills.
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. MommSEN

(b) Address 301 E. Lexington, Independence, Mo

17. (a) burial (b) Date thereof 7/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery, Indep. Mo.

18. (a) Signature of funeral director W. C. BARNARD Funeral Home

(b) Address Independence, Mo.

19. (a) July 8, 1948 (b) Madison Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1948 hour 37 minute 10 P. M.

21. I hereby certify that I attended the deceased from _____, 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 Asphyxiation from drowning.

Due to _____

Due to _____

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

Major findings: 143
1836

Of operations _____

Of autopsy _____

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) accident 48

(b) Date of occurrence July 1st, 1948

(c) Where did injury occur? Public Park Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Park

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature John F. Baber (Dr., D. or other)
Address Independence, Mo Date signed 7/11/48

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-13-42

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.....

B. A. Lisle

Licensed Embalmer No.....

4123

P. O. Address

Independence, Mo

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.