

FILED DEC 29 1948 /49
Registration District No. _____

Primary Registration District No. 1002

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether
 In this community 29 Yrs
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. 923 Genesee 8
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Pauline Dimitroff
 3. (b) If veteran, name war None
 3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 8
 year 1948 hour 3 minute 40 P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced ? /
 6. (b) Name of husband or wife George Dimitroff 6. (c) Age of husband or wife if alive ? / years
 7. Birth date of deceased: June 20 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 4 1948 to Dec. 8 1948
 that I last saw her alive on Dec. 8 1948
 and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 5 Days 19
 If less than one day hr. _____ min. _____

Immediate cause of death Traumatic injury to head-Subdural hematoma
 Due to _____
 Due to _____

9. Birthplace Okla.
(City, town, or county) (State or foreign country)
 10. Usual occupation None

Other conditions 195°
(Include pregnancy within 3 months of death)
 Major findings: 99
 Of operations _____
 Of autopsy See above

11. Industry or business _____
 MOTHER FATHER { 12. Name Jake Hess
 13. Birthplace Okla.
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Applegate
 15. Birthplace Okla.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Unknown 127
 (b) Date of occurrence Unknown
 (c) Where did injury occur? Unknown
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Unknown

16. (a) Informant Geo. Dimitroff
 (b) Address 2412 Troost Ave. K.C. Mo.
 17. (a) Burial (b) Date thereof 12-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Calvary K.C. Kan.
 18. (a) Signature of funeral director Weilert Funeral Home
 (b) Address 2332 Monitor Pl. K.C. Mo.
 19. (a) 12-14-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

Physician _____
 Underline the cause to which death should be charged statistically.
 Wm. W. Hart
 While at work? Unknown (Specify type of place)
 (e) Means of injury Unknown
 23. Signature Wm. W. Hart (M. D. or other)
 Address Med. Dir. Gen'l Hosp. 12-14-48
Date signed

Dr. [unclear]

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. *1*
working under my personal supervision.

Signed *Blaine E. Weiler*

Licensed Embalmer No. *4075*

P. O. Address *R.C. 8, 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.