ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 61-017269

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 2533

AMENDED

FILED JUN 5 1961

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: Life

c. CITY OR TOWN Kansas City
Inside Limits: Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2704 Charlotte
Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 2704 Charlotte
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CARL Middle HENRY Last ANGERMAYER

4. DATE OF DEATH: Month 5 Day 22 Year 61

5. SEX: Ma

6. COLOR OR RACE: Wh

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8-10-84

9. AGE (last birthday): 76

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping & Rec.Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Department Store

11. BIRTHPLACE (City and state or country): Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Anton Angermayer

13b. MOTHER'S MAIDEN NAME: Helena Schurlein

14. NAME OF HUSBAND OR WIFE: xx

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): xx

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs.Rose Tempelmann, Address 2704 Charlotte

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma Rt lung — INTERVAL BETWEEN ONSET AND DEATH: 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 17 1961 to 5/22/61 and last saw her/him alive on 5/20/61
Death occurred at 9:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J D Bennett (Degree or title) MD

22b. ADDRESS 409 E 63rd KC Mo

22c. DATE SIGNED 5/22/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5-25-61

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county): Kansas City (State) Mo.

24. FUNERAL DIRECTOR: WAGNER FUNERAL HOME, K.C.Mo. ADDRESS

25. DATE RECD. BY LOCAL REG.: 5-13-61

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF J. D. Bennett

DOCUMENT

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 Phillip L. Smith, Student Embalmer No. 622

working under my personal supervision.

Student Phillip L. Smith
Signature of Student Embalmer

Signed Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.