REC'D APR 17 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9365
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 21 Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 971
(c) City K. C. Mo. (d) Street No. 2700 Charlotte St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 260 Mrs. Rosa Reiser
(a) Residence, No. 2700 Charlotte St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Julius Reiser
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 9, 1873
7. AGE: YEARS 66 | MONTHS 0 | DAYS 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Zeutern, Germany

FATHER
13. NAME: Marcus Michenfelder 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER
15. MAIDEN NAME: Wilhelmina Boch 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Rose Michenfelder, 1832 Northern, Indep. Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Mar. 4, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): John W. Wagner, Kansas City, Mo.
20. FILED 3/3, 1939 M. M. Crowe, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 2, 1939
22. I HEREBY CERTIFY, That I attended deceased from 2-20-, 1939 to 3-2-, 1939
I last saw her alive on 2-22, 1939 Death is said to have occurred on the date stated above, at 11:00 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	2-22-39
94	

Other contributory causes of importance:

Arteriosclerosis	1937

Name of operation: None Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—
Where did injury occur? — —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) Guy E. Owens, M. D.
(Address) 520 Prof. Bldg. K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Prof. Bg.

VI 4260

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.....

P. O. Address.....

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, above space should be left blank.