

MAY 16 1939

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

15087
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Township Blue Primary Registration District No. 3554 Registered No. 147
(c) City Kansas City (d) Street No. 8704 Norrell 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 8704 Norrell 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 8 75

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) Butler
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Harry B. Rotinsch

14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Francis Shewood

16. BIRTHPLACE (CITY OR TOWN) No record
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Claude Davis
8704 Norrell

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Washington DATE April 27, 1939

19. FUNERAL DIRECTOR (NAME) George C. Carson
(ADDRESS) Independence Mo

20. FILED 4-28-39 J. L. Clark
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/6, 1936, to 4/25, 1939

I last saw h. ex. alive on 4/25, 1939. Death is said to have occurred on the date stated above, at 7 PM.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
arterial Sclerosis
Hypertension

Date of onset

Other contributory causes of importance: 94

Name of operation Cloned Date of

What test confirmed diagnosis? Cloned Was there an autopsy? no

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?

If so, specify

(Signed) D. L. Clark, M. D.

(Address) 10307 1/2 ave

11/11/11
11/11/11
11/11/11

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.