

Registration District No. 299

Primary Registration District No. 1002

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: Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1/1/41 23 Days  
(Specify whether years, months or days)  
In this community 22 Years

3. (a) PRINT FULL NAME Miss Flora Janet Nitsche

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 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 December 13 1897  
(Month) (Day) (Year)

8. AGE: Years 43 Months 1 Days 17 If less than one day .hr. min.

9. Birthplace Leavenworth Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business -----

12. Name William Frederick Nitsche, Sr

13. Birthplace Leavenworth Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Lula Benz

15. Birthplace Leavenworth Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Ray G. Nitsche

(b) Address 2621 East 28th Street

17. (a) Burial (b) Date thereof Feb. 1, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1/1/41 Mt. Moriah Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Jan 21 1941 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2621 East 28th Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th  
year 1941 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from 1-7-41  
1941 to 1-30 1941;  
that I last saw her alive on 1-29 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Surgical shock Duration 36 hrs.

Due to Post operative - hyperextension.

Due to 56

Other conditions (Include pregnancy within 3 months of death) -----  
Major findings: Fibroid uterus.

Of operations -----  
Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -----  
(b) Date of occurrence -----  
(c) Where did injury occur? ----- (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? -----

While at work? (Specify type of place) (e) Means of injury -----

23. Signature F. P. Lawrence (M. D. or other) -----  
Address Father's Bldg. Date signed 1-30-41

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

MOTHER FATHER

626 Rathap Bldg  
10:30.2

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**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.....

*C. Hervey Jensenberg*

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, fact should be so stated above.**

*H070*  
*A. C. Mo.*