

OLD APR 15 1941
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: Trinity Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month
(Specify whether years, months or days)

In this community 3 Years

2. USUAL RESIDENCE OF DECEASED: 48

(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 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? -- years.

3. (a) PRINT FULL NAME Mr. William Frederick Nitsche, Jr.

3. (b) If veteran, name war No

3. (c) Social Security No. 511-10-7393

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th year 1941 hour 2 minute A M.

4. Sex Male 0 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 July 13 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-9-41 to 3-10-41, 1941, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>7</u>	<u>28</u>	<u>hr.</u> <u>min.</u>

Immediate cause of death: Uremia

Due to Ch. nephritis 121
(Bright's disease)

Due to 121

Other conditions 121
(Include pregnancy within 3 months of death)

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

10. Usual occupation Foreman

11. Industry or business Marshall Auto Stores

Major findings:

- Of operations _____
- Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name William Frederick Nitsche, Sr.

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

14. Maiden name Lulu Benz

15. Birthplace Leavenworth Kansas
(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) _____

(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? _____

16. (a) Informant Ray G. Nitsche

(b) Address 2621 E 28th

17. (a) Burial (b) Date thereof Mar. 12, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature Ray G. Nitsche (M. D. or other) _____
Address Lathrop Bldg. R.E. M. Date signed 3-10-41

18. (a) Signature of funeral director W. H. Newman

(b) Address 1401 Brush Creek Blvd.

19. (a) Mar 10 1941 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

626
10-3
Hartman 1949

Nitsche

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

Emile M. Colborn

Licensed Embalmer No.

3506

P. O. Address

150 No

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.