

No. 2  
-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33983

Registrar's No. 3923

Registration District No. 399

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 6017 Charlotte  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community 50 years 1  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Charlotte Dolbow  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. XX

4. Sex Fe. 5. Color or race Wh.  
 6. (a) Single, widowed, married, divorced, married  
 6. (b) Name of husband or wife Joseph  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 2nd 1868  
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 18  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Hswfe.

11. Industry or business \_\_\_\_\_

12. Name Chas. Kreilich

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

14. Maiden name Stout

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

16. (a) Informant Ernest Brock

(b) Address 7103 Harrison

17. (a) Burial (b) Date thereof 10-21-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Rentley Mortuary

(b) Address 5811 Truist

19. (a) 10/21/41 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 048  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6017 Charlotte  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 5 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20  
 year 1941 hour 2 am minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan. 1  
 \_\_\_\_\_, 1925, to Oct. 20, 1941;  
 that I last saw her alive on Oct. 19, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration  
Duration

Due to do not know 50

Due to \_\_\_\_\_

Other conditions chronic nephritis carcinoma of the breast  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy no

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

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? no injury  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature James W. Graham (M. D. or other) \_\_\_\_\_

Address 1518 Apple Bldg. City Date signed 10-20-41

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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.....

*Guy Ruffington*

Licensed Embalmer No..... *2754*

P. O. Address..... *1201 1401*

**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.**