

DEC 22 1941

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4418

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: K. C. General Hospital  
(If not in hospital or institution, write street number or location) 1 hour  
(d) Length of stay: In hospital or institution 49 years (Specify whether years, months or days)  
In this community \_\_\_\_\_

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") 5235 Woodland  
(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CARL G. DETHLOFF

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

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Selma Dethloff 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May 28 1867  
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Barber

11. Industry or business Own Business

12. Name No Record

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

14. Maiden name \_\_\_\_\_ (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Selma Dethloff

(b) Address 5235 Woodland

17. (a) Burial (b) Date thereof 12-1-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director J. M. Wagner

(b) Address Kansas City, Mo.

19. (a) 11-29-41 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ day 11-27-41  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_

21. I hereby certify that on \_\_\_\_\_ the deceased from \_\_\_\_\_  
that he \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Retropneumoral hemorrhage  
Fracture of the pelvis  
Compound fracture of both  
fibia and fibula  
Automobile traumatism  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_

Major findings: 1700-8  
Of operations \_\_\_\_\_

Of autopsy Yes 21

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) Accident

(b) Date of occurrence 11-27-41 12.3

(c) Where did injury occur? K.C. (City or town) (County) (Township)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? NO

Accident - struck by auto  
(Specify place of injury)

While at work? \_\_\_\_\_ (Specify place of injury)

23. Signature Reston H. Mahan (M. D. or other) \_\_\_\_\_

Address K.C. Mo. Date signed \_\_\_\_\_

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

2  
41  
39  
26390

**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 *A. P. Haenschel*

Licensed Embalmer No. *4159*

P. O. Address *K. C. Mo*

**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.**