

FILED AUG 17 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2989

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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:
3229 The Paseo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community Lifetime years, months or days)

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 5540 Euclid Avenue
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mr. Edwin Walton Rohde

3. (b) If veteran, name war None

3. (c) Social Security No. 711-01-0896

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7
year 1942 hour 5 minute 00A P.M.

21. I hereby certify that I attended the deceased from July 5 to Aug 7
that I last saw her alive on Aug-6
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dorothy Rohde

6. (c) Age of husband or wife if alive 24 years

Immediate cause of death.....
Bacterial Endocarditis 2 Mo.

Due to Staphylococcus

Due to.....

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

7. Birth date of deceased: December 13 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
28 7 26 hr. min.

Major findings:
Of operations.....

Of autopsy.....

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

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

10. Usual occupation Engineering Dep't. Kansas City

11. Industry or business Civil Engineer

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 N.P. Baughman (M. D. or other)
Address Kansas City Mo. Date signed 7/11/42

MOTHER FATHER {

12. Name John Rohde

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

14. Maiden name Unknown Clyde
(City, town, or county) (State or foreign country)

15. Birthplace Blue Springs Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John Rohde

(b) Address State Forest Edwardsville

17. (a) Burial (b) Date thereof Aug. 8, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director S. H. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) 8-8-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

Me

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*W. H. P. Baughman
Prof. Belg.*

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. Calhoun*

Licensed Embalmer No. *3506*

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.