

FILED JAN 11 1943
Registration District No.

Primary Registration District No. 1002

Registrar's No.

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:
3745 Central Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... about 8 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME CHARLES OBERHOLTZER

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased unk 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months Days If less than one day
hr. min.

9. Birthplace Penn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Investigation
(b) Address K.C. Mo.

17. (a) Burial (b) Date thereof 12-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 2332 Monitor Place, K.C. Mo.

19. (a) Dec 30 1942 (b) M. H. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3745 Central Street
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22
year 1942 hour 12:20 minute 0 M.

21. I hereby certify that I attended the deceased from Coroner 19...
that I last saw h. alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerotic heart disease Duration

Due to 93 D
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Inspection of H. Stoy 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).....
(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?
(Specify type of place)
While at work (e) Means of injury.....

23. Signature COFEL (M. D. or other)
Address K.C. Mo. Date signed 12/28/42

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

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.....

Blaine E. Weiler

Licensed Embalmer No. *4075*

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.