

5538  
5536

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 695

FILED FEB 27 1943/49

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:  
6446 E 13th St. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 13 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6446 E 13th St. (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ROSINA TAGUE

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

4. Sex FEMALE 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife John Tague 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Feb 1 1866 (Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Born Switzerland (City, town, or county) (State or foreign country) 5

10. Usual occupation Housewife

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

12. Name John Switzer  
 13. Birthplace Switzerland (City, town, or county) (State or foreign country) 5  
 14. Maiden name Leatz  
 15. Birthplace Switzerland (City, town, or county) (State or foreign country) 5

16. (a) Informant Walter Tague  
 (b) Address 6446 E 13th St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-9-43 (Month) (Day) (Year)  
 (c) Place: burial or cremation Junction City Kans

18. (a) Signature of funeral director Walter Tague  
 (b) Address 2332 Monitor Place  
 19. (a) 2-9-43 (Date received local registrar) (b) W. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9 year 1943 hour 10 A.M. minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from Oct 1 1942 to Feb 9 1943  
 that I last saw her alive on Jan 2 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis  
 Duration 8 yrs.  
131 B

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Dropsy + arteriosclerosis  
 (Include pregnancy within 6 months of death)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (g) Means of injury \_\_\_\_\_  
 23. Signature John H. Lapp (M. D. or other) MD  
 Address 1314 Professional Bldg Date signed 2/9/43

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reversé side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Oscar Jimenez*

Licensed Embalmer No.....

3002

P. O. Address.....

1332 Maple  
Blvd

**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.