

FILED DEC 3 1943/19

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

Primary Registration District No. 1002

Registrar's No. 4884

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:  
 3628 VIRGINIA AVENUE  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 32 YEARS (Specify whether)  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County JACKSON 48  
 (c) City or town KANSAS CITY 8  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3628 VIRGINIA AVENUE  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MR. CHARLES EDWARD DEUTSCH  
 (b) If veteran, name war NO  
 (c) Social Security No. 511-18-5609

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month NOV. day 17<sup>TH</sup>  
 year 1943 hour 3 minute A.M.

4. Sex MALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced WIDOWED  
 6. (b) Name of husband or wife MRS. ALICE DEUTSCH  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased JULY 21- 1863  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
 Nov. 8 1943 to Nov. 17 1943  
 that I last saw him alive on Nov 17 1943  
 and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 3 Days 27 1/2  
 If less than one day hr. min.

Immediate cause of death  
 acute coronary thrombosis 1 hour  
 Due to arteriosclerosis

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

Due to aya

10. Usual occupation CONTRACTOR  
 11. Industry or business GENERAL

Other conditions (include pregnancy within 3 months of death)

MOTHER FATHER  
 12. Name CHRIS DEUTSCH  
 13. Birthplace MANHEIM GERMANY  
 (City, town, or county) (State or foreign country)  
 14. Maiden name UNKNOWN  
 15. Birthplace MANHEIM GERMANY  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Undertire the cause to which death should be charged statistically.

16. (a) Informant Mrs. John Moore  
 (b) Address 6825 So. Benton

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?

17. (a) BURIAL (b) Date thereof NOV. 19 1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation ELMWOOD CEMETERY

While at work (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature John H. Caldwell (M. D. or other) MD  
 Address 630 Arroyo St Mo Date signed 11/17/43

18. (a) Signature of funeral director D. J. Williams  
 (b) Address 1401 BRUSH CREEK BLVD  
 11-19-43 (c) T. E. Brown  
 (Date received local registrar) (Registrar's signature)

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

638  
2-3  
Wagner Body

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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 Emile W. Colborn

Licensed Embalmer No. 3506

P. O. Address Keno

**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.**