

FILED DEC 3 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: 4427 JARBOE /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 11 YRS. (Specify whether in hospital or institution)  
In this community 11 YRS. (Specify whether 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 No. 4427 JARBOE.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME CHARLES F. NORENDORF

3. (b) If veteran, name war. NO  
3. (c) Social Security No. 486-07-8180

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced, MARRIED  
6. (b) Name of husband or wife MRS. ALTA NORENDORF  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased FEB 11 1880  
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 29  
If less than one day hr. min.

9. Birthplace LEAVENWORTH KANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation HARDWARE-TRENTON MO.

11. Industry or business GOETZ BREWING-LAST 10 YRS.

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant MRS. ALTA NORENDORF  
(b) Address 4427 Jarboe

17. (a) BURIAL (b) Date thereof, Nov. 13 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: MUNCIE CEM. LEANS

18. (a) Signature of funeral director

(b) Address 1401 V...  
19. (a) 11-12-43 (b) P. C. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV- day 10 year 1943 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from April 28 1942 to Nov 10 1943; that I last saw him alive on Nov 10 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma in pancreas 2 yrs

Due to 469

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations June 1942, part of carcinoma mass removed  
Of autopsy 0

Duration

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature P. C. Brown (M. D. or other) P. C. Brown  
Address 283 W. 13th Bldg Date signed 11-11-43

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

MOTHER FATHER

Dr H E Schoen  
Werly Bldg

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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 *H E Schoen*

Licensed Embalmer No. *2045*

P. O. Address *H E Schoen*

**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.**