S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37436

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4934

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: 1404 College, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 50 years, years, months or days)

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") 0
(d) Street No. 1404 College,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William E. Ohlke,

3. (b) If veteran, name war no.
3. (c) Social Security No. no.

4. Sex Male
5. Color or race 0 White
6. (a) Single, widowed, married, divorced / Married
6. (b) Name of husband or wife Mrs. Amanda Ohlke,
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased September (Month) 13 (Day) 1873 (Year)

8. AGE: Years 70 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Russia (City, town, or county) 6 (State or foreign country)
10. Usual occupation Carrier
11. Industry or business Kansas City Star

FATHER
12. Name Frederick Ohlke
13. Birthplace Russia (City, town, or county) 6 (State or foreign country)

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

16. (a) Informant Mrs. Amada Ohlke,
(b) Address 1404 College, Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) 11/23/43 (b) Date thereof 11-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.
19. (a) 11-22-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17th year 1943 hour 11:15 minute a. M.

21. I hereby certify that I attended the deceased from Feb 26, 1938, to Nov 17, 1943 that I last saw him alive on Nov 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease

Due to

Due to 94W

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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

23. Signature George C. Lee (M.D. or other) 11/18/43
Address 1630 Prof. Bldg Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. George Lee, Prof. Bldg. (Dr. Reece

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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 John H Hurley

Licensed Embalmer No. 4050

P. O. Address Kansas City, 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.