

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 5 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1777
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH
(a) County Jackson
(b) City or town Kan. City
(c) Name of hospital or institution 2852 - S. W. Blvd 1
(d) Length of stay: In hospital or institution 50 year
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kan. City
(d) Street No. 2852 - S. W. Blvd 8
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nicholas Rothermel
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 17
year 1944 hour 1 minute PM
21. I hereby certify that I attended the deceased from 19 to 19
that I last saw h Deputy Coroner
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race S. Ph.
6. (a) Single, widowed, married, divorced
(b) Name of husband or wife Mary Rothermel
7. Birth date of deceased no record

Immediate cause of death
Arteriosclerotic Heart Disease
Due to
Due to

8. AGE: Years about 84 Months Days If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death) a 30

9. Birthplace Germany 4
10. Usual occupation Merchant
11. Industry or business Hardware
12. Name no record
13. Birthplace
14. Maiden name
15. Birthplace

Major findings: Of operations
Of autopsy Inspection and History
Underline the cause to which death should be charged statistically.

16. (a) Informant Coroner's Office
(b) Address Kan. City Mo
(c) Place: burial or cremation St. Marys
18. (a) Signature of funeral director T. E. Brown
(b) Address 2315
19. (a) 4-20-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (Specify type of place) (e) Means of injury
23. Signature A. E. Upsher (M. D. or P. M. D.)
Address 22 Mc Coy Date signed 5/18/44

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

MOTHER FATHER

261

DEC 9 1949

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.....

Henry Bergman

Licensed Embalmer No. *2041*

P. O. Address. *1100 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.