

FILED MAR 19 1945

Registration District No. 189

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3906 East 10th Street  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City Missouri  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3906 East 10th Street  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Miss Rose Mary PUTTHOFF

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

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 15th 1879  
(Month) (Day) (Year)

8. AGE: Years 66-65 Months 8 Days 13  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Montrose Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

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

MOTHER FATHER

12. Name William H. Putthoff

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

14. Maiden name Beradine Banke

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

16. (a) Informant Mrs Lee F. Turgeon

(b) Address 3906 East 10th Street

17. (a) Burial (b) Date thereof 3-2-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mary's Cemetery

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Missouri

19. (a) 2-28-45 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28th  
 year 1945 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from June 1944 to Feb 28 1945  
 that I last saw him alive on 2-27-45, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Metastatic carcinoma of bladder  
 Duration 14 Mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: 52 lb  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy \_\_\_\_\_

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 T. E. Brown (M. D. or other) \_\_\_\_\_

Address 3309 E 19 Date signed 2-28-45

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

48  
 3  
 80

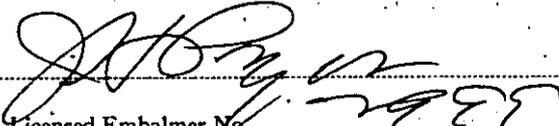
W. E. Rice  
3809 E 12th St  
C# 1247

30 October

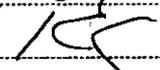
STATEMENT BY LICENSED EMBALMER

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.....  


Licensed Embalmer No.....

P. O. Address.....  


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.