U. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5508

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 771

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence 3209 Washington KC Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Johnson 144
(c) City or town Merriam 14
(If outside city or town limits, write "RURAL")
(d) Street No. ~~3209 W~~ Slater Rd. Merriam
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Herman J. Bethke
3. (b) If veteran, name war no
3. (c) Social Security No. 495-03-3637
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased May (Month) 3 (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
61	9	7	hr. min.

9. Birthplace Fall City (City, town, or county) Neb. (State or foreign country)
10. Usual occupation Employee Cudahy
11. Industry or business Packing Co
MOTHER FATHER
12. Name John C. Bohnke
13. Birthplace Not known (City, town, or county) (State or foreign country)
14. Maiden name Minnie Whitrock
15. Birthplace Cole Camp (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs Herman J. Bethke
(b) Address 3209 Slater Merriam Ks
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 15 46 (Month) (Day) (Year)
(c) Place: burial or cremation Shawnee Kansas
18. (a) Signature of funeral director Primrose Funeral Home
(b) Address Merriam Kansas
19. (a) 2-15-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1946 hour 6 PM minute M.
21. I hereby certify that I attended the deceased from Jan 1944, 19 to Feb 12, 1946; that I last saw him alive on Feb 11, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocardial Insufficiency	25 min
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Arteriosclerosis	2 yrs

Major findings:
Of operations
Of autopsy 932

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 C. E. Gumps (M. D. or other)
Address Merriam, Kans Date signed 2-18-46

(Licensed Embalmer's Statement on Reverse Side)

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

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. 4165

P. O. Address. Mission Kansas

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.