No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5781

570

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 48

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: CRESTHAVEN CONVALESCENT HOME - 3516 SUMMIT
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 MONTH 4 (Specify whether years, months or days)
In this community 80 YEARS

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. 2215 EAST 68TH TERRACE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. ROSA WENK MORAST
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. HENRY H. MORAST
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased NOVEMBER (Month) 3 (Day) 1860 (Year)

8. AGE: Years 85 Months 2 Days 29 If less than one day ___ hr. ___ min.

9. Birthplace NEW YORK CITY (City, town, or county) NEW YORK (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business --

MOTHER FATHER
12. Name UNKNOWN WENK
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. T. Morast
(b) Address 2215 E. 68th Ter.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 4 1946 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ MEMORIAL PARK CEM.
18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 2-4-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 2ND year 1946 hour 12 minute 40 P. M.
21. I hereby certify that I attended the deceased from Jan. 15, 1946 to February 2, 1946 that I last saw her alive on 2 Feb. 1946; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Uremia
Due to Chronic Pyelonephritis
Due to
Other conditions Hypertensive Heart Disease
(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 F. S. Morast (M. D. ~~or other~~) M.D.
Address 1630 Professional Bldg. Date signed 2/2/46

(Licensed Embalmer's Statement on Reverse Side)

1630 Professional Bldg.

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. O. Newcomer Jr.

Licensed Embalmer No. 4043

P. O. Address K. C. 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.