

State File No. _____
Registrar's No. 1490

FILED APR 19 1946

Registration District No. 1002 Primary Registration District No. 1002

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:
6249 E 9th St.
(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 69 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6249 E 9th St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME John Rothrum

3. (b) If veteran, Spanish Am. name war W. W. 1

3. (c) Social Security No. No

5. Color or Mex. Border

4. Sex Male race Wh

6. (a) Single, widowed, married, divorced Single

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 2/16/1878
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 27
year 1946 hour 2 minute 40 A M.

21. I hereby certify that I attended the deceased from June 7, 1945
19____ to Mar. 27, 1946 19____

that I last saw him 26th alive on Mar 1946
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>1</u>	<u>11</u>	hr. _____ min.

Immediate cause of death Carcinoma of the bladder Duration

Due to unknown

Due to "

Other conditions none
(Include pregnancy within 3 months of death)

9. Birthplace Alegheny City, Pa
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman

11. Industry or business City of Kansas City

MOTHER { 12. Name Unk 9

13. Birthplace Unk 9
(City, town, or county) (State or foreign country)

14. Maiden name Unk

15. Birthplace Unk 9
(City, town, or county) (State or foreign country)

Major findings: 52 b

Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant A. E. Scanlon

(b) Address 6249 E 9th St.

17. (a) Burial (b) Date thereof 3.30.46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director John P. Shell

(b) Address Kansas City, Mo.

19. (a) 3-28-46 (b) Seraldine Holmes
(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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____
(Specify place)

3. Signature [Signature] (M. D. or other)

Address 612 Professional Bldg Date signed 3/27/46

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

8379

Dr. Korth

Prof. 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.....

John P. Shiel

Licensed Embalmer No. 3625

P. O. Address. 6640

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.