

U.S. No. 2
FORM-5-43
REV. 5-17-39
I X3667

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **2650**

FILED JUN 25 1946
Registration District No. **149**

Primary Registration District No. **1002**

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

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:
808 WEST 38th STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community: **18 YEARS**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: **AMALIE NIRSCHL**

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: **ANTON NIRSCHL**

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

7. Birth date of deceased: **APRIL 24 1866**
(Month) (Day) (Year)

8. AGE: Years **82** Months **1** Days **20**
If less than one day hr. min.

9. Birthplace: **BAVARIA GERMANY**
(City, town, or county) (State or foreign country)

10. Usual occupation: **AT HOME**

11. Industry or business _____

MOTHER FATHER { 12. Name: **YANATZ SITZER**

13. Birthplace: **AUSTRIA**
(City, town, or county) (State or foreign country)

14. Maiden name: **ANNA KASCHKA**

15. Birthplace: **AUSTRIA**
(City, town, or county) (State or foreign country)

16. (a) Informant: **MRS. FRANK J. SCANLON**

(b) Address: **808 WEST 38th STREET**

17. (a) **BURIAL** (Burial, cremation, or removal)

(b) Date thereof: **6-17-46**
(Month) (Day) (Year)

(c) Place: burial or cremation: **MT. ST. MARY'S CEMETERY**

18. (a) Signature of funeral director: *J. F. ...*

(b) Address: **3256 BROADWAY**

19. (a) **6-15-46** (Date received local registrar)

(b) *S. ...* (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **MISSOURI** (b) County: **JACKSON** **48**

(c) City or town: **KANSAS CITY**
(If outside city or town limits, write "RURAL")

(d) Street No.: **808 WEST 38th STREET**
(If rural, give location)

(e) Citizen of foreign country? **unk** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **14**
year **1946** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **2-16-46** to **6-14-46**

that I last saw her alive on **6-14-46** and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic nephritis**
Chronic myocarditis
arteriosclerosis

Due to _____

Due to _____

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

Major findings: **1318**

Of operations: _____

Of autopsy: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): **no**

(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? _____

23. Signature: *W. ...* (M. D. or other)

Address: **100 ...**

Physician

Underline the cause to which death should be charged statistically.

6-15-46

DR. WALTER MILLER
ARGYLE BUILDING

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 Park G. Rowe
Licensed Embalmer No. 2347
P. O. Address R. 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.