

FILED SEP 3 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:
3600. E 61ST STREET 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
40 YEARS (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3600 - E 61ST STREET 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY ROTRAMEL

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. ELIJAH S. ROTRAMEL
6. (c) Age of husband or wife if alive - years 30 - 1853

7. Birth date of deceased MAY 30 1853
(Month) (Day) (Year)

8. AGE: Years 93 Months 2 Days 15
If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER

12. Name UNKNOWIN

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

14. Maiden name SUMMERS

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

16. (a) Informant Mrs Charles E. Walker

(b) Address 3600 E. 61st St.

17. (a) CREMATION (b) Date thereof AUG-20-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D.W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 8-20-46 (b) Geraldine Holman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 18TH
year 1946 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8-13-46
19 to 8-18-46 19
that I last saw h alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Cardio Vasculor
Renal disease
Result Hemiplegia (due to hypertension) 22 yrs
Due to

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

Major findings: Of operations 131a
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?

While at work? (Specify type of place) (c) Means of injury
23. Signature J. J. Wheeler (M. D. or other) Date signed 8-19-46
Address Walnut St. Bldg

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

Professional Body

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 *E. W. [Signature]*
Licensed Embalmer No. 1467
P. O. Address *Kansas City*

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.