

No. 2
12-45
-17-39
X47070

FILED SEP 16 1946

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3793

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: St. Mary's Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days

In this community 50 years

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

(c) City or town Kansas City

(d) Street No. 1416-37 Avenue

(e) Citizen of foreign country? No

If yes, name country _____

3. (a) PRINT FULL NAME MRS. EMMA ALMA FLUETSCH

3. (b) If veteran, name war XX

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3rd year 1946 hour 1: minute 25 P. M.

21. I hereby certify that I attended the deceased from 1945 to 9/3/46, 19____, to 9/3/46, 19____, that I last saw her alive on 9/3/46, 19____, and that death occurred on the date and hour stated above.

4. Sex Fe / 5. Color or race Wh

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

6. (b) Name of husband or wife John Fluetsch

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

7. Birth date of deceased March 4 1868

(Month) (Day) (Year)

Immediate cause of death Myocardial Infarction. Vasculer Heart Disease

Duration _____

8. AGE: Years 78 Months 5 Days 29

If less than one day hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace New York N.Y.

(City, town, or county) (State or foreign country)

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

Major findings: 93d

Of operations _____

Of autopsy _____

10. Usual occupation At Home

11. Industry or business _____

12. Name Frederick Hulsehff

13. Birthplace Hanover Germany

(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

14. Maiden name No Record

15. Birthplace Germany

(City, town, or county) (State or foreign country)

16. (a) Informant Harold G. Parrott

(b) Address 1416 37th Ave. KCK

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? _____

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

17. (a) Burial (b) Date thereof 9-5-46

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn, KCK

18. (a) Signature of funeral director J.M. Wagner

(b) Address Kansas City, Mo.

While at work? _____ (Specify type of place)

(c) Means of injury _____

19. (a) 9-4-46 (b) Heraldine Holmes

(Date received local registrar) (Registrar's signature)

23. Signature J.M. Wagner (M. D. or other) _____

Address 1401 1/2 W. 37th Date signed 9/4/46

R.C. Ks.

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 Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address. Kansas City 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.