

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 1 1947

1203

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County Jackson  
(b) City or town Kan City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 8th & Grand Ave 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 1.0 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Jackson  
(c) City or town Coverland Park, Kan  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7001-DeVente Road  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALBERT - RENTER

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Mal 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lillian Renter 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased July 28 1965  
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 75 If less than one day  
- hr. - min

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Labor

12. Name No record

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

14. Maiden name No record

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

16. (a) Informant Albert Renter

(b) Address 6670 - 15 Benton

17. (a) Buried (b) Date thereof 2/19/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Mem Park Cem - Kan

18. (a) Signature of funeral director Rumday Davis 911 Home

(b) Address Missouri Kans

19. (a) 3-16-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15  
year 1947 hour 8 minute 40 AM

21. I hereby certify that I attended the deceased from 11  
11 1947 to March 15 1947  
that I last saw him alive on March 15 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
Due to Hypertension

Due to arterio sclerosis  
Other conditions cardiopathy  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations no  
Of autopsy no

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) (e) Means of injury fi

23. Signature M P Caschelt (M. D. or other)  
Address 4000 Baltimore Date 3/16/47

Duration 15 Min  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

18  
3  
8

K-E No

*Case file*  
*677 Carhart*  
*4100-12th Street NW*

**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 *Harry Bergman*  
Licensed Embalmer No. *2041*  
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.**