

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 552

1. PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ROSE LEON REST HOME - 624 PROSPECT
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 1/2 years
51 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUCHANAN

(c) City or town ST JOSEPH, MO
(If outside city or town limits, write "RURAL")

(d) Street No. 624 PROSPECT
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MRS. AUGUSTA NITCHY

3. (b) If veteran, name war NO

3. (c) Social Security No. NOIVE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1947 hour 6 minute 45 M.

21. I hereby certify that I attended the deceased from May 1,
1947 to 4, April 20, 1947
that I last saw her alive on April 18, 1947
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife JOHN L. NITCHY

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

7. Birth date of deceased SEPT. 16 - 1867
(Month) (Day) (Year)

Immediate cause of death myocardial failure 1 hr.

Due to speculatus 6 mo.

senile dementia 5 yrs.

Due to _____

8. AGE: Years 79 Months 7 Days 4
If less than one day _____ hr. _____ min.

9. Birthplace ST LOUIS, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NOIVE

11. Industry or business NOIVE

12. Name GEORGE BERRKE

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

14. Maiden name JOHANNA WELGE

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

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant GEN. ROSE NITCHY

(b) Address 3736 WYOMING ST. MO

17. (a) Burial (b) Date thereof 4/23/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glennwood Cemetery

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? _____

18. (a) Signature of funeral director Glennwood Cemetery

(b) Address 1401 Bristol Creek St. MO

19. (a) 4-22-47 (b) H. L. Jenkins
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature H. L. Jenkins (Dr. or other) _____

Address St. Joseph, Mo. Date signed 4/29/47

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

MOTHER FATHER

3871

SEP 7 1959

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. C. Cressi-Worthington*.....
Licensed Embalmer No. *1767*.....
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.