

FILED JUL 19 1947

Registration District No. 179

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: General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days  
(Specify whether years, months or days)

In this community 47 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>48</sup>

(c) City or town Kansas City <sup>3</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 2719 Holly  
(If rural, give location) <sup>8</sup>

(e) Citizen of foreign country? unknown (Yes or No) <sup>5</sup>  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Herman Rodler

3. (b) If veteran, name war None

3. (c) Social Security No. 490-16-1450

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7  
year 1947 hour 8 minute 40 A.M.

4. Sex Male  White

5. Color or race White

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

6. (b) Name of husband or wife Sophia Rodler

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

7. Birth date of deceased August 1st, 1877  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 14, 1947, to July 7, 1947  
that I last saw him alive on July 7, 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 11 Days 6  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Prostatic abscess-Broncho-pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Electrician

Other conditions 107  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy See above

11. Industry or business \_\_\_\_\_

12. Name Michael Rodler

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

14. Maiden name Mary Nachbar

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant \_\_\_\_\_

(b) Address 306 Armour Rd. N. K.C. Mo

17. (a) Burial (b) Date thereof 7-10-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood 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 Melody McGilley-Eyler

(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 7-9-47 (b) Geraldine Holman  
(Date received local registrar) (Registrar's signature)

23. Signature Wm. W. Hart (M. D. or other) MD  
Address Med. Dir. Gen'l Hosp. Date signed 7-9-47

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

*Dr. Howard*

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**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

*Glenn E. Beck*

Licensed Embalmer No.

*4063*

P. O. Address

*K. C. Moore*

**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.**