

FILED OCT 21 1947
Registration District No. 1002

State File No. _____
Registrar's No. 4251

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

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:
3237 PENNSYLVANIA AVENUE
(If not in hospital or institution, write street number or location)

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

In this community 70 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 3237 PENNSYLVANIA AVENUE
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME Miss ELSA Anna BESECKE

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 8TH
year 1947 hour 6 minute 35 A.M.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife Mr. Fred Michaelis

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

7. Birth date of deceased April 1 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Duration _____

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|----------|----------------------|
| <u>70</u> | <u>6</u> | <u>7</u> | _____ hr. _____ min. |

Immediate cause of death Cerebral Hemorrhage.

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

10. Usual occupation At Home

Due to _____

Due to _____

11. Industry or business _____

12. Name Albert Besecke

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

14. Maiden name Anna Pfauler

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

Other conditions Deputy coroner
(Include date and time in months of death)

PHYSICIAN _____

16. (a) Informant Mrs. E. L. Freda Jackson

(b) Address 3237 PENNSYLVANIA AVE.

17. (a) CREMATION (b) Date thereof OCT. 10 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

Major findings: _____
Of operations _____

Of autopsy History & Inspection

Underline the cause of which death should be charged statistically.

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

18. (a) Signature of funeral director D.W. Newcomer, Iowa

(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 10-9-47 (b) Edw. Holman
(Date received local registrar) (Registrar's signature)

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? A. E. Usher (Specify type of place) (M. D. Usher)

23. Signature A. E. Usher (M. D. Usher)
Address 2800 Main Date signed 10/9/47

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.....

Melvin Miller

Licensed Embalmer No. *4407*

P. O. Address *K. C. 3, 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.