

FILED MAR 20 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1108

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City mo

(c) Name of hospital or institution: St Joseph 1  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: in hospital or institution: 10 da  
(If not in hospital or institution, write street number or location)

In this community: 30 year  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Platte 83

(c) City or town: Rural # 3  
(If outside city or town limits, write "RURAL")

(d) Street No.: 6 mi. NE of Parkville  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: Charles Andrew Deister

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 10  
year 1948 hour 6 minute 45 A.M.

4. Sex: Male

5. Color or race: white

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

6. (b) Name of husband or wife: Isola Goff

6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: Sept. 7 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 20 48 to Mar 10 48  
that I last saw him alive on Mar 9 48  
and that death occurred on the date and hour stated above.

8. AGE:

| Years     | Months   | Days     | If less than one day |
|-----------|----------|----------|----------------------|
| <u>67</u> | <u>6</u> | <u>3</u> | hr. _____ min. _____ |

Immediate cause of death: Pulmonary atelectasis  
Bronchogenic Carcinoma

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

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

9. Birthplace: Parkville, Mo. D  
(City, town, or county) (State or foreign country)

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation: retired farmer

Major findings: 470

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

11. Industry or business: Ships & stock

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

12. Name: Albert Deister

13. Birthplace: don't know Germany  
(City, town, or county) (State or foreign country)

14. Maiden name: Anna Reitingen

15. Birthplace: don't know Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant: Floyd Deister

(b) Address: R70 #3, Parkville MO

17. (a) removed (b) Date thereof: Mar. 19 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Newton Kansas

18. (a) Signature of funeral director: Lebud Francis

(b) Address: Parkville MO

19. (a) 3-11-48 (b) Gerardine Holme  
(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?  
Where? \_\_\_\_\_ (Specify type of place)  
By? \_\_\_\_\_ (Specify means of injury)

23. Signed: Hudsworth (M.D.)  
Attest: 2022 Swift North (M.D.)  
Mar 10 1948

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

48  
3  
8

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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, ~~and~~.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Leland H. Francis*

Licensed Embalmer No.....

P. O. Address.....

**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.**