No. 300
10-48

FILED APR 16 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 12646

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1286

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 25yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital No. 1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 1732 Newton

**3. NAME OF DECEASED** (Type or Print)
a. (First): Richard
b. (Middle): W.
c. (Last): Rolfe

**4. DATE OF DEATH** (Month): 3 (Day): 17 (Year): 1949

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: MAY 30 1874
**9. AGE** (In years last birthday): 74 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): PAINTER
**10b. KIND OF BUSINESS OR INDUSTRY**: DECORATING
**11. BIRTHPLACE** (State or foreign country): PENN.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: HENRY ROLFE
**13b. MOTHER'S MAIDEN NAME**: IDA MINCH
**14. NAME OF HUSBAND OR WIFE**: Bertha McRolfe
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: 494-12-0686
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Mrs Bertha Rolfe 1732 Newton

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Necrotizing cystitis
DUE TO (c) Benign adenomatous prostatic Hypertrophy

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
Transurethral resection of prostate 6/DX

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES [X] NO [ ]

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* March 9, 1949, *to* March 17, 1949, *that I last saw the deceased alive on* March 17, 1949, *and that death occurred at* 2:45P. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** Wm. W. Hart (Degree or title) MD
**23b. ADDRESS**: Med. Dir. Gen'l Hosp.
**23c. DATE SIGNED**: 3-18-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: MAR 21 1949
**24c. NAME OF CEMETERY OR CREMATORY**: FLORAL HILLS
**24d. LOCATION** (City, town, or county) (State): Kansas City Mo

**DATE REC'D BY LOCAL REG.**: 3-21-49
**REGISTRAR'S SIGNATURE**: Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE**: Mrs G. L. Foster
**ADDRESS**: K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Bristow

## 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 ..... Student Embalmer No. ..... working under my personal supervision.

Signed Lou Clark

Licensed Embalmer No. 4216

P. O. Address K. C. Mo

Signed .....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.