

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37440

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4686

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>30 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>2621 EAST 28TH STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>FREDERICK</u> c. (Last) <u>NITSCHKE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV.-1-1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	
8. DATE OF BIRTH <u>JUNE-15-1864</u>		9. AGE (In years last birthday) <u>85 YRS</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 1 YEAR: Hours _____ Min. _____		IF UNDER 1 YEAR: Hours _____ Min. _____		IF UNDER 1 YEAR: Hours _____ Min. _____	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED 15 YRS. SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FURNITURE BUSINESS</u>		11. BIRTHPLACE (State or foreign country) <u>LEAVENWORTH, KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>FREDERICK RUGUST NITSCHKE</u>		13b. MOTHER'S MAIDEN NAME <u>JANET UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>LULA NITSCHKE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>EMMA LOUISE SMITH</u>		ADDRESS <u>2621 EAST 28TH ST. KANSAS CITY, MO.</u>	
--	--	---	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Peritonitis</u>		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) <u>Regeneration of Sigmoid Colon</u>			
		DUE TO (c) <u>Carcinoma of Sigmoid Colon</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>above</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
--	--	--	--	---------------------------	--

22. I hereby certify that I attended the deceased from _____, 19____, to Pathologist, that last saw the deceased alive on _____, 19____, and that death occurred at 9:40 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Russell W. Kerr</u> (Degree or title)		23b. ADDRESS <u>St. Joseph's Hospital</u>		23c. DATE SIGNED <u>2 Nov 49</u>	
---	--	---	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV-4-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NIT-MORIAN CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P.W. Newcome's Sons</u>		ADDRESS <u>1331 BRUSH CREEK BLVD KANSAS CITY, MO.</u>	

DATE REC'D BY LOCAL REG. <u>11-4-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P.W. Newcome's Sons</u>	
---	--	--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student
Student Embalmer

Signed: *John E. Fraking*

Licensed Embalmer No. *4483*

P. O. Address *Kansas City, 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.