

STANDARD CERTIFICATE OF DEATH

State File No. 1635

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1635

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 38 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4412 Terrace		d. STREET ADDRESS (If rural, give location) 4412 Terrace	

3. NAME OF DECEASED (Type or Print) a. (First) ELISA	b. (Middle) MARIE	c. (Last) ROHRER	4. DATE OF DEATH (Month) (Day) (Year) 4 12 51
----------------------------------------------------------------	--------------------------	-------------------------	---------------------------------------------------------

5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-21-1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
---------------------	-------------------------------	--------------------------------------------------------------------------	---------------------------------------	-------------------------------------------	------------------------	------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Wil, Switzerland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
-----------------------------------------------------------------------------------------------------------------	------------------------------------------------------	----------------------------------------------------------------------	-----------------------------------------------

13a. FATHER'S NAME Frank J. Lichtensteiger	13b. MOTHER'S MAIDEN NAME Elizabeth Lentz	14. NAME OF HUSBAND OR WIFE John F. Rohrer
------------------------------------------------------	-----------------------------------------------------	------------------------------------------------------

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. None	17. INFORMANT'S SIGNATURE OR NAME Walter J. Rohrer, 4349 Wyoming, KC Mo	ADDRESS
-----------------------------------------------------------------------------------------------------------------------	----------------------------------------	-----------------------------------------------------------------------------------	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia		4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage		7 days
DUE TO (c) Cerebral Arteriosclerosis		3 yrs approx	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease		6 yrs approx	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **4-5**, 1951, to **4-12**, 1951, that I last saw the deceased alive on **4-11**, 1951, and that death occurred at **6:30 A.** m., from the causes and on the date stated above.

23a. SIGNATURE L. F. Steffen	(Degree or title)	23b. ADDRESS 1220 Professional Bldg.	23c. DATE SIGNED 4-12-51
----------------------------------------	-------------------	------------------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-14-51	24c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary's	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
------------------------------------------------------------	-----------------------------	-------------------------------------------------------------	-------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. 4-14-51	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE J.W. Wagner	ADDRESS K.C. Mo.
--------------------------------------------	---------------------------------------------------	--------------------------------------------------------	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

11-8180
After 3:00

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 Alvin R. Haunschue

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.