

FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34099**
4811

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>49 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2911 EAST 58th STREET</u>				No. STREET ADDRESS (If rural, give location) <u>79 2911 EAST 58th STREET 3798</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>OTTO</u>		b. (Middle) <u>(NONE)</u>		c. (Last) <u>RAU SR.</u>	
4. DATE OF DEATH		a. (Month) <u>OCTOBER</u>		b. (Day) <u>14</u>		c. (Year) <u>1954</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>OCT. 10, 1882</u>	
9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 4 HRS. Hours _____ Min. _____		10. KIND OF BUSINESS OR INDUSTRY (Give kind of work done during most of life, and even if retired) <u>RETIRED 5 YEARS</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of life, and even if retired)		10b. KIND OF BUSINESS OR INDUSTRY (Give kind of work done during most of life, and even if retired)		11. BIRTHPLACE (City and State or Foreign Country) <u>SOLLINGEN, GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>RAU</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>FRIEDA RAU</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>489-24-4982</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MISS FRIEDA RAU</u>		ADDRESS <u>2911 EAST 58th 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of heart tuberculum</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>795⁵</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (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 _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Geo. C. Kealhofer (Degree or title) <u>Geo. C. Kealhofer, M.D., M.P.H., M.P.H.</u>				23b. ADDRESS <u>6627 Brookport Dr. Overland</u>		23c. DATE SIGNED <u>10-14-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>OCT-16-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>10-16-54</u>		REGISTRAR'S SIGNATURE <u>neva-minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. J. Neumann</u> ADDRESS <u>1331 BUSH CREEK KANSAS CITY, MISSOURI</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.....
Signature of Student Embalmer

Signed *Richard L. Rogers*.....

Licensed Embalmer No. *485*.....

P. O. Address *K. L. M.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.