

MAR 22 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

9591

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City (No. 442 W. 69 St.)File No. _____
Registered No. 225
St. _____ Ward _____2. FULL NAME John H. Rentschler(a) Residence, No. 442 W. 69 St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14-19375A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha E. Rentschler

22. I HEREBY CERTIFY That I attended deceased from _____, 19____ to _____, 19____

I last saw _____, 19____. Death is said to have occurred on the date stated above, at 6:30 p.m.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-14-1863

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min. 73 4 0Coronary Sclerosis
Chronic Myocardial Degeneration 9308. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Traveling

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT J. H. Rentschler(ADDRESS) 442 W. 69 St.18. BURIAL, CREMATION, OR REMOVAL PLACE St. Maria DATE 3/15/3719. UNDERTAKER St. Mary's(ADDRESS) Kansas City, Missouri20. FILED Nov 15, 37 M. M. Brown Registrar.Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____(Signed) Fussell M. D.

(Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

