

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940
399 40

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5401

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 626

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2442 Askew at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
(Specify whether
In this community 9 years
years, months or days)

8. (a) PRINT FULL NAME C. William Raiffeisen

3. (b) If veteran, name war XXX 8. (c) Social Security No. None

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bessie Raiffeisen 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Nov. 26 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>2</u>	<u>15</u>	hr. _____ min.

9. Birthplace Morgan Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business _____

12. Name Carl Raiffeisen

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Schupp

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bessie Raiffeisen
(b) Address 2442 Askew Ave. K. C. Mo.

17. (a) Removal (b) Date thereof Feb. 12, '40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director R.V. LINDSEY & SONS
(b) Address 3811 Broadway, K.C. Mo.

19. (a) Feb. 11, 1940 (b) M. M. Craue
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City,
0 (If outside city or town limits, write "RURAL")
(d) Street No. 2442 Askew Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11
year 1940 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from JAN. 13
1940 to FEB 11, 1940;

that I last saw him alive on FEB 11 '40, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS Duration 2 DAYS

Due to CARDIAC MYOCARDITIS YRS.

Due to MURKAL STENOSIS YRS.

Other conditions SENILITY

Major findings: Of operations 0

Of autopsy 0

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature D. C. Lintz M.D. (M. D. or other) _____

Address 6240 West 23rd Date signed FEB 11 '40

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

Dr. P. C. Quistgard
6944 Prospect

1:30 pm

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

Registered Apprentice No.

working under my personal supervision.

Signed *Ralph E Miller*

Licensed Embalmer No. *4124*

P. O. Address *7811 1/2 Way - S. P. A.*

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

If this body is not embalmed, above space should be left blank.