S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 37850

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4448

FILED DEC 11 1940

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

**1. PLACE OF DEATH:**

(a) County Jackslon

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3618 Cleveland Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -------- (Specify whether In this community 39 Yrs. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits write "RURAL")

(d) Street No. 3618 Cleveland Avenue (If rural, give location)

(e) If foreign born, how long in U. S. A.? ------ years.

**3. (a) PRINT FULL NAME** MR. AFRANK FRED DESCHER

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Mary Descher

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May (Month) 5 (Day) 1863 (Year)

**8. AGE:** Years 77 | Months 6 | Days 16 | If less than one day ___ hr. ___ min.

9. Birthplace Davenport (City, town, or county) Iowa (State or foreign country)

10. Usual occupation none

11. Industry or business Retired since 1933

FATHER
12. Name John Descher
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Christiana Rahle
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs Mary Descher

(b) Address 3618 Cleveland Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-40 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. W. Newcomers Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-22-40 (Date received local registrar) (b) M. M. Crown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month NOVEMBER day 21ST year 1940 hour 12 minute 45P.M.

21. I hereby certify that I attended the deceased from November 6, 1940, to November 21, 1940; that I last saw him alive on November 20, 1940; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Bronchial Pneumonia | 6 days |
| Due to Chr. Myocarditis Chr. Interstitial Nephritis | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 131 | |
| Major findings: Of operations ✓ | |
| Of autopsy | |

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury 1

23. Signature John R. Lewis M.D. (M. D. or other)

Address 3548 Studiosa Ave Date signed 11-22-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. John Lewis
3548 Indian
2-5

## 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 C. Hervey Quisenber

Licensed Embalmer No. 4070

P. O. Address K. C. Mo.

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

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