

No. 2
4-13-40
5-17-30

40834

State File No. _____

4510

Registration District No. 377

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City,

(c) Name of hospital or institution: 29 West 57th Street,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X 1
(Specify whether years, months or days)

In this community about 20 years,

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. 29 West 57th St.,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? X 0 years.

3. (a) PRINT FULL NAME Mrs. Fredericka Nusser Klein,

(b) If veteran, name war NO.

(c) Social Security No. NO.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4th
year 1941 hour 6:15 minute P. M.

4. Sex Female

5. Color or race White

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

(b) Name of husband or wife William C. 2 Klein, 59

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

7. Birth date of deceased March 2 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 29 -
1941, to Dec 4, 1941;
that I last saw her alive on Dec 4 - 1941, 1941;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>9</u>	<u>2</u>	hr. min.

Immediate cause of death Cardiac Failure

Due to Myocardial Degeneration

Due to 935

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

10. Usual occupation at home,

11. Industry or business X

Other conditions Paralysis of Upper Extremities
(Include pregnancy within 3 months of death)
due to thrombosis (Cerebral Con.)

PHYSICIAN 36 days

MOTHER FATHER

12. Name John H. Nusser,

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

14. Maiden name Dorothea

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

Major findings: None

Of operations _____

Of autopsy None

16. (a) Informant Mrs. J. D. Lobb,

(b) Address 29 West 57th St., Kansas City, Mo.

17. (a) X Cremation (b) Date thereof 12-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery,

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? _____

18. (a) Signature of funeral director Spine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12/5/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature F. Chatur (M. D. or other) 0

Address 624 Professional Bldg Date signed Dec 5

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

18
3
0

048
3
7

0

Duration
1 day

6 to 935

36 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

41

Dr. Frederick C. Lamar

Wofford Bailey

2-30

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

E. M. Plank

Licensed Embalmer No. *1848*

P. O. Address *K. C. 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 this body is not embalmed, fact should be so stated above.