

JAN 30 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 320

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 32007 Morledge
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
In this community 60 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Bielow, Wm Rudolf
3. (b) If veteran, name war no
3. (c) Social Security No. 486-07-8201

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 19 - 1880
(Month) (Day) (Year)

8. AGE: 62 Years 10 Months 1 Days If less than one day _____ hr. _____ min.

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

10. Usual occupation Brewery worker

11. Industry or business _____

MOTHER FATHER { 12. Name Wm Bielow
13. Birthplace Germany
14. Maiden name Russel Helen
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Myrtle Stager Moore
(b) Address 6318 Mc Lee

17. (a) Burial (b) Date thereof Jan 22 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mr C R Foster
(b) Address 918 Brooklyn

19. (a) 1-22-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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. 525 N College
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 8 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1943 hour 6 ²⁰ minute P M.

21. I hereby certify that I attended the deceased from 11-1-42
_____ 19____ to 1-20-43, 19____;
that I last saw him alive on 1-19-43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Cancer of Rectum
Due to Metastases Generalized
Other conditions (Include pregnancy within 3 months of death) 465

Major findings: Of operations _____
Of autopsy _____

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 _____
23. Signature [Signature] (M. D. or other) _____
Address 3200 Morledge Date signed 1-21-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

CH 1225

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 *9710*

working under my personal supervision. Registered Apprentice No. _____

Signed *Carl W. Hill*

Licensed Embalmer No. *2540*

P. O. Address *Kansas City Mo*

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, above space should be left blank.