

Registration District No. **749**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2414 E. 28th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **58 yrs**
(Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2414 E. 28th**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **58** years.

3. (a) PRINT FULL NAME **Annie Bobrecker**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Samuel Bobrecker** 6. (c) Age of husband or wife if alive **76** years
7. Birth date of deceased **March 25 1869**
(Month) (Day) (Year)

8. AGE: Years **73** Months **11** Days **28** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Lieb Friedman**

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

14. Maiden name **H. Holstein** **Austria**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Leo Bobrecker**

(b) Address **3718 Tracy**

17. (a) **Burial** (b) Date thereof **3/25/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Ceme.**

18. (a) Signature of funeral director **Carroll-Davidson**

(b) Address **3024 Troost**

19. (a) **3-24-43** (b) **B. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **23rd**
year **1943** hour **11:00** minute **00** A. M.
21. I hereby certify that I attended the deceased from **Mar 9th**
1943 to **March 23rd, 1943**
that I last saw him alive on **March 23rd, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis 10 days**
hyperkalemia
Chronic Indurated nephritis

Due to _____
Due to **Bia**

Other conditions (Include pregnancy within 3 months of death) _____

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)
(c) Means of injury _____

23. Signature **Joseph Holstein** (M. D. or other) **MD**
Address **1209 Kroll's Bldg** Date signed **3-24-43**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 *Kathryn E. Davidson*

Licensed Embalmer No. *3648*

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, fact should be so stated above.