

X52873

LED MAR 20 1943 149

Registration District No.

Primary Registration District No.

1002

Registrar's No.

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: Rockhill Manor, 4237 South
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 9 months (Specify whether
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. Rockhill Manor,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Fred W. Joers,

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. La Desha Dierks Joers 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March 15 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 11 26 27 hr. min.

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

10. Usual occupation Real Estate,

11. Industry or business X

12. Name John W. Joers, 13. Birthplace Holland, (City, town, or county) (State or foreign country)

14. Maiden name Drier, 15. Birthplace Nebraska, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. La Desha Dierks Joers,

(b) Address Rockhill Manor, Kansas City, Mo.

17. (a) Burial (b) Date thereof 3pl3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-13-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th
year 1943 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from June 10
1942, to March 11, 1943
that I last saw him alive on March 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma in spine & lower abdomen

Due to Primary Prostatic Carcinoma

Due to SIB

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) (e) Means of injury _____

23. Signature La Desha Dierks Joers (M. D. or other)

Address 1127 Professional Bldg Date signed Mar 17 43

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

MOTHER FATHER

Duration

Underline the cause to which death should be charged statistically.

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Lindsey Milne

Prof. Rankin
2 P.M.

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. 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.