U. S. No. 2
OM—9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17120

FILED JUN 7 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2371

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Two Days (Specify whether years, months or days)
In this community: 53 Years

2. USUAL RESIDENCE OF DEACESED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No.: 2719 Holly
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mrs Josephine Sophia RODLER
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Herman Rodler
6. (c) Age of husband or wife if alive: 66 Years
7. Birth date of deceased: March (Month) 16 (Day) 1872 (Year)

8. AGE: Years 71 Months 2 Days 8 If less than one day ____ hr. ____ min.

9. Birthplace: Unknown (City, town, or county) Austria (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: At Home
FATHER 12. Name: Robert Reimer
13. Birthplace: Unknown (City, town, or county) Austria (State or foreign country)
MOTHER 14. Maiden name: Caroline Mettner
15. Birthplace: Unknown (City, town, or county) Austria (State or foreign country)
16. (a) Informant: Mrs Keiper (Daughter)
(b) Address: 2924 York Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery
18. (a) Signature of funeral director: Mellody-McGilley
(b) Address: Kansas City Missouri.
19. (a) 5-24-43 (Date received local registrar) (b) M. M. Osmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th year 1943 hour 1:15 minute A. M.
21. I hereby certify that I attended the deceased from May 22, 1943, to May 23, 1943 that I last saw her alive on May 23, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis - ruptured gall bladder	about 5 days.
Due to: Empyema, gangrene.	
Due to: Cholelithiasis.	
Other conditions: Diabetes, hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Huge gall bladder, filled with pyo sanguinous material - adhesions etc.
Of autopsy: not done

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): no
(b) Date of occurrence: no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)
While at work? no (e) Means of injury:
23. Signature: A. F. Pittam M.D. (M. D. or other):
Address: 830 Professional Bldg, K.C. Mo Date signed May 24, 43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 299 KC

P. O. Address.....

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.