

ED AUG 27 1943

State File No. \_\_\_\_\_

3601

Registration District No. 149

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:  
4245 Twoost Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 24 Years (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. 4317 Tracy Avenue  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mr. Fred John Rouen

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Ethel Rouen 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April 17 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 4 2 hr. min.

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

10. Usual occupation Policeman

11. Industry or business Kansas City Police Dept.

12. Name John Rouen

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

14. Maiden name Matilda Heidrich

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

16. (a) Informant John Max Rouen

(b) Address 2204 East 58th Street

17. (a) Burial (b) Date thereof Aug. 21, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director D. W. Swenson

(b) Address 1401 Brush Creek Blvd.

19. (a) 8-20-43 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1 1943  
year 1943 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 28, 1943 to Aug. 19, 1943,  
that I last saw him alive on Aug. 15, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration 1 day

Due to Coronary artery disease (arteriosclerosis) 1 yr

Due to \_\_\_\_\_

Other conditions Cor pulmonale 5 yrs  
(Includes pregnancy within 3 months of death)

Major findings: Of operations 940  
Of autopsy \_\_\_\_\_

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) \_\_\_\_\_  
(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 Galvan Asher (M. D. or other) md  
Address 12520 Prof. Rd. Date signed 8-20-43

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

MOTHER FATHER

*Prof. Bill*

**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..... *K. C. Mc...*  
Licensed Embalmer No. *4843*  
P. O. Address..... *K. C. Mc...*

**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.**