

FILED DEC 22 1943

Registration District No. **197**

Primary Registration District No. **1002**

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

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: Research Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 week (Specify whether
 In this community 65 years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME MISS NETTIE AHRENS
3. (b) If veteran, name war XX
3. (c) Social Security No. NO

4. Sex Fe **5. Color or** Wh **6. (a) Single, widowed, married,** Divorced Sgl
6. (b) Name of husband or wife XX **6. (c) Age of husband or wife if** XX years
7. Birth date of deceased. November 22 1975
 (Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 5 If less than one day
 hr. min.

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

10. Usual occupation. At Home

11. Industry or business.

12. Name John H. Ahrens

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

14. Maiden name Bertina Sieben

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

16. (a) Informant Anne Ahrens
(b) Address 525 East Armour

17. (a) Burial Elmwood **(b) Date thereof** 11-29-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood
18. (a) Signature of funeral director W. Wagner
(b) Address Kansas City, Mo.

19. (a) 11-29-43 **(b) T. E. 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 East Armour
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
 year 1943 hour 8: minute 15 A. M.
21. I hereby certify that I attended the deceased from Nov. 20 1943 to Nov. 27 1943
 that I last saw h. alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to Pneumonia Bronch
Suppura
107
 Due to _____
 Other conditions Auricular fibrillation
 (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 W. Brown (M.D. or other) _____
 Address 927 N. 10th St. KC Mo. Date signed 11-27-43

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

DEC 22 1943

927
11-8481
Dues
1943

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 Cecil R. Matthes

Licensed Embalmer No. 3807

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.