

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Lakeside Hospital
(d) Length of stay: In hospital or institution 5 Hours
In this community 33 Years

3. (a) PRINT FULL NAME RUDOLPH RAINALTER
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Nellie Rainalter
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 14th 1859

8. AGE: Years 84 Months 10 Days 13
If less than one day hr. min.

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

10. Usual occupation Retired
11. Industry or business Merchant

MOTHER FATHER {
12. Name John J. Rainalter
13. Birthplace Switzerland
14. Maiden name Anna Caton
15. Birthplace Austria

16. (a) Informant Mrs. Samuel R. Freet
(b) Address 610 West 61st street

17. (a) Burial (b) Date thereof 3-1-44
(c) Place: burial or cremation Mount Moriah

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd street

19. (a) 2-29-44 (b) N. C. 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
(d) Street No. 1323 East 41st street
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 27th
year 1944 hour minute M.
21. I hereby certify that I attended the deceased from
that I last saw him alive on Feb. 27
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to cerebral hemorrhage

Other conditions
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?
(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 J. L. Laine M. D. or other
Address 201 Commerce Bldg Date signed 2-28-44

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

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

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.