

FILED APR 18 1944

State File No. _____

Registration District No. 72

Primary Registration District No. 5289

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Rural - North Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gallatin Twp. R. F. D. #5
(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 3 months (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town North Kansas City, Mo. 3
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. #5 0
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Charles Frederick Rentschler

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 Bertha G. Rentschler 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August 19 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 7 23 hr. min.

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

10. Usual occupation Salesman

11. Industry or business X

MOTHER FATHER { 12. Name Mohn Frederick Rentschler
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Martha Hoffman
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha G. Rentschler

(b) Address R. F. D. #5, North Kansas City, Mo.

17. (a) Cremation (b) Date thereof 4-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) April 12, 1944 (b) Paul W. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1944 hour 9:20 minute 9 A.M.

21. I hereby certify that I attended the deceased from at home to at home 19...
that I last saw at home live on at home 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration

Due to Coronary Occlusion

Due to Coronary Occlusion 94

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Coronary Occlusion

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) Coronary Occlusion

(b) Date of occurrence 4-12-1944

(c) Where did injury occur? Myrtle Park R.F.D. #5
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

While at work? (Specify type of place) (e) Means of injury

23. Signature Paul W. Henry (M. D. or other)

Address Epulian Springs, Mo. Date signed 4-12-44

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

60

10-1

RECEIVED

District Health Officer No. 8,

District File Number 4-12-44

Date Filed 4-12-44

APR 24 1944

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 R. 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.