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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26937

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3436

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: 2621 East 28th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 25 years

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. 2621 East 28th Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Lula Emma Nitsche

3. (b) If veteran, name war no

3. (c) Social Security No. no

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

6. (b) Name of husband or wife Mr. William F. Nitsche 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased December (Month) 15 (Day) 1863 (Year)

8. AGE: Years 80 Months 8 Days 3 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business At home

FATHER
12. Name John J. Berg
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Louise Cole
15. Birthplace Unknown (City, town, or county) New York (State or foreign country)

16. (a) Informant Ray A. Nitsche
(b) Address 2621 E 28th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. H. Newconers Sons
(b) Address 1401 Brush Creek Blvd

19. (a) 8-21-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18 year 1944 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from Deputy 19 Coroner, 19; that I last saw h. alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Coronary arteriosclerosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

94a

Major findings:
Of operations

Of autopsy Inspection & Restare

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. E. Parker (M. D. or other) M.D.

Address 93rd & McCoy Date signed 8/18/44

(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. Emile M. Colhoun

Licensed Embalmer No. 3506

P. O. Address. Kemi

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.