

FILED SEP 10 1944

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 115

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Rural, Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Jackson Co Emergency Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 1/2 days
(Specify whether
In this community 30 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Grandview
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
- If yes, name country _____

3. (a) PRINT FULL NAME Allen W. Rotzell

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife ALICE ROTZELL 6. (c) Age of husband or wife if alive ✓ years 14
7. Birth date of deceased Dec 1863
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Samuel Rotzell

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

14. Maiden name Mary Weisel

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

16. (a) Informant Jackson Co Home Records

(b) Address 1211 1/2 Independence Ave

17. (a) Burial (b) Date thereof Aug 29, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FORREST HILL, K.C. Mo

18. (a) Signature of funeral director F. N. GEORGE & SONS

(b) Address GRANDVIEW, Mo

19. (a) Aug 29, 1944 (b) F. M. Schick D. O. M. D.
(Date received local registrar) (Registrar's signature) (Title)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27
year 1944 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from 8-24 1944 to 8-27 1944
that I last saw him emph on 8-25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 932

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) Manner of injury _____

23. Signature [Signature] (M. D. or other) MD

Address Grandview, Mo Date signed 8-28-44

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

48
0
0

NOV 28 1945

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.....

Licensed Embalmer No.....

P. O. Address.....

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.