V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1945

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1380
Registrar's No. 495

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: 4336 COLLEGE STREET
(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: 57 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.: 4336 COLLEGE AVENUE
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country: SWITZERLAND

3. (a) PRINT FULL NAME: MRS. ELIZABETH. RAU.
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NONE
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: JOHN A. RAU.
6. (c) Age of husband or wife if alive: 80 years
7. Birth date of deceased: MARCH. 22. 1867 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	10	8	hr. min.

9. Birthplace: WINCHINGEN-SWITZERLAND (City, town, or county) (State or foreign country)
10. Usual occupation: HOUSE WIFE
11. Industry or business:
FATHER
12. Name: AUGUST. WALTERS. C
13. Birthplace: SWITZERLAND (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: MARIE. SCHILLING. C
15. Birthplace: SWITZERLAND. (City, town, or county) (State or foreign country)
16. (a) Informant: MR. JOHN A. RAU
(b) Address: 4336 COLLEGE AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: FEB-1-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: FOREST HILL CEM.
18. (a) Signature of funeral director: O. H. Newcomer & Sons
(b) Address: 1401- BRUSH CREEK BLVD.
19. (a) 1-31-45 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 30TH. year 1945 hour 4 minute 41 M.
21. I hereby certify that I attended the deceased from Sept 1941 to Jan 30 1945 that I last saw her alive on Jan 29 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	4 days
Due to: Arterio Sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 94 W	

Major findings:
Of operations:
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):
(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: Albert O Harris M.D. (M. D. or other)
Address: 318 Huron Bldg KC Mo Date signed: Jan 30 1945

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 1 1949

318 Huron Bldg. K.C.K. 905 N.7th
3-6; 8:30-9

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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K. 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.