

S. No. 2
M-5-43
7-5-17-39
P 1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22824

FILED JUL 17 1945

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2763

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: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether in this community 10 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay 24
(c) City or town 3
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. #2 North Kansas City /
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT MRS. BERTHA BOWMAN
FULL NAME

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. 2

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 10 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 09 19 hr. min.

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

10. Usual occupation none

11. Industry or business _____

12. Name Andrew Rebusch

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

14. Maiden name Bertha Stimpfel

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

16. (a) Informant Donald Bowman

(b) Address R.R. #2 N. X. City

17. (a) burial (b) Date thereof 7 29 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cemetery - C.A.

18. (a) Signature of funeral director Louis J. Tolson

(b) Address 20 W. Lenwood

19. (a) 7-2-45 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1945 hour 9 minute 55 A. M.

21. I hereby certify that I attended the deceased from November 29 1943 to June 29 1945
that I last saw her alive on June 29 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to amyloid disease of kidneys

Due to pulmonary tuberculosis chronic non-specific infection of feet

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

Major findings: Of operations 13 b'

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) Means of injury _____

23. Signature J. H. Hoffman MD (M. D. or other)

Address 408 N. 2nd St. Bldg Date signed 6-30-45

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..... *Duane L. Keady*

Licensed Embalmer No..... *4225*

P. O. Address..... *Indep. 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.