V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36356

FILED NOV 26 1945

Registration District No. 26 Primary Registration District No. 6002 Registrar's No. 4602

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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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since 10-17-45 (Specify whether
In this community as above
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: 99
(c) City or town: Emporia 14
(If outside city or town limits, write "RURAL")
(d) Street No.: - 0
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 2
If yes, name country: x

3. (a) PRINT FULL NAME: Fred Rathke

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: Mrs. Annie Rathke

6. (c) Age of husband or wife if alive: unknown years

7. Birth date of deceased: August (Month) 12 (Day) 1874 (Year)

8. AGE: Years 71 Months 2 Days 24 If less than one day hr. min. 1

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

10. Usual occupation: farmer

11. Industry or business: farm

FATHER
12. Name: Edward Rathke 1
13. Birthplace: Russia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: unknown.
15. Birthplace: unknown. (City, town, or county) (State or foreign country) 4

16. (a) Informant: Mrs. Annie Rathke.
(b) Address: Emporia, Kansas.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 11-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Emporia, Kansas.

18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-7-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6 year 1945 hour 9:20 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 17, 1945, to Nov. 6, 1945 that I last saw him alive on Nov 6 - 1945 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Myocardial Schaemia (Chronic)

Due to: Prostatic Hypertrophy (Obstructive)

Due to:

Other conditions (Include pregnancy within 3 months of death): 134 a

Major findings:
Of operations: Oct. 31. 45 Emergency Cystotomy and removal Stone Stone
Of autopsy: None

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: [illegible] (M. D. or other)
Address: 1019 [illegible] Date signed: 11/7/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. R. L. Hoffman
Prof Belg.

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 Robert H Reed

Licensed Embalmer No. 3745

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.