S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36383

Registration District No. 144 Primary Registration District No. 1602 Registrar's No. 4628

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: 6648 CHERRY STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 48 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 46
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6648 CHERRY STREET 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ----

3. (a) PRINT FULL NAME MR. RUDOLPH J SEGELCKE
3. (b) If veteran, name war WORLD WAR I
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. CHRISTINE SEGELCKE
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased FEBRUARY 5 1897 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
48	9	3	hr. min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation DRUGGIST
11. Industry or business 55TH & PASEO

FATHER
12. Name A RUDOLPH SEGELCKE
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELIZABETH GRESS
15. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MRS. CHRISTINE SEGELCKE
(b) Address 6648 CHERRY STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 10 1945 (Month) (Day) (Year)
(c) Place: burial or cremation MT. MORIAH CEMETERY
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD
19. (a) 11-9-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 8TH year 1945 hour 12 minute 50 P.M.
21. I hereby certify that I attended the deceased from ——, 1930, to Nov 8, 1945 that I last saw him alive on Nov 8, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uraemia	10 days
Due to Chronic nephritis	15 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations — 13 lb	
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury 0
23. Signature C. H. Slusher (M. D. or other)
Address 900 Rialto Bldg KC Mo. Date signed 11-9-45

(Licensed Embalmer's Statement on Reverse Side)

900. Platte Bldg.
12-3

JAN 21 1946

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. Calhoun

Licensed Embalmer No. 3506

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.