

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40215**
Registrar's No. **5302**

FILED JAN 4 9 1946

Registration District No. _____ Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson

(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: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4615 Genesee 8
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No) A
If yes, name country _____

3. (a) PRINTED FULL NAME: MRS. JULIANA NESTLANG

3. (b) If veteran, name war XX 3. (c) Social Security No. None

4. Sex Fe / 5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Nestlang 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased January 22 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>10</u>	<u>29</u>	hr. _____ min. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1945 hour 11: minute 30 P. M.

21. I hereby certify that I attended the deceased from 12-13-45
Dec 15-45 to Dec 21-45
that I last saw her alive on Dec 21-45
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration _____

Due to Chronic Arteriosclerosis

Due to ✓

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

9. Birthplace Austria 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Schubaschitz

{ 13. Birthplace Austria 4
(City, town, or county) (State or foreign country)

{ 14. Maiden name Theresa Schmidt

{ 15. Birthplace Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant Stephanie Nestlang

(b) Address 4615 Genesee

17. (a) Burial (b) Date thereof 12-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's

18. (a) Signature of funeral director J. Wagner

(b) Address Kansas City, Mo.

19. (a) 12-22-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Major findings: Of operations ✓ 107

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? ✓

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature M. F. Jewell (M. D. or other) MD
Address 1722 W. 39 Date signed 12-22-45

1722 N. 39th
V.A. 5883
until 6:50 P.M.

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 Cecil R. Matthes
Licensed Embalmer No. 3807
P. O. Address: Kansas City, 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.