S. No. 2
M—5-43
. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 21 1946

State File No. 1647

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5500

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

(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community 53 years
years, months or days)

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. 3820 Campbell St. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME MRS. WALLI NOTTBERG

3. (b) If veteran, name war xx

3. (c) Social Security No. None

4. Sex Fe 1

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed 3

6. (b) Name of husband or wife John Nottberg

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

7. Birth date of deceased June (Month) 23 (Day) 1872 (Year)

8. AGE: Years 73 Months 6 Days 8 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Eugene Kraus
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Gus Nottberg
(b) Address 650 West 67th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-46 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 12-31-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31 year 1945 hour 5: minute 15 P M.

21. I hereby certify that I attended the deceased from 12-17-1945 to 12-31-1945 that I last saw her alive on 12-31-1945 and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia, bronchi — Duration 2 days

Due to

Due to

Other conditions auricular fibrillation - 2 yr + cerebral concussion 2 wks
(Include pregnancy within 6 months of death)

Major findings:
Of operations 1860 - 5
Of autopsy 18

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) accident

(b) Date of occurrence 12-17-45 1 23

(c) Where did injury occur? K. C. Jackson Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)

While at work? no (e) Means of injury fall 0

23. Signature James A. Davis M.D. (M. D. or other)

Address 1324 Proj. Bldg, K.C. Mo. Date signed 1-2-46

(Licensed Embalmer's Statement on Reverse Side)

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

100363

650 W. 70th
JA 6555
1324 Prof Bldg.
12 to 5

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.