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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30281

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4054

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:
Kansas City General Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)

In this community 58 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4001 Highland
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Carl Hettwer

3. (b) If veteran, name war No

3. (c) Social Security No. 493-12-3301

4. Sex Ma

5. Color or race Wh

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

6. (b) Name of husband or wife Catherine Hettwer

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April (Month) 21 (Day) 1870 (Year)

8. AGE: Years 76 Months 3/5 Days 3 If less than one day hr. min.

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

10. Usual occupation Foreman

11. Industry or business U.S. Cold Storage

FATHER
12. Name Frank Hettwer
13. Birthplace (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant Jutt M. Lane

(b) Address 2407 E. 69th Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address Kansas City, Mo.

19. (a) 9-25-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 24 year 1946 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from September 13th, 1946, to Sept. 24th, 1946 that I last saw him alive on Sept. 24, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of urinary bladder-Acute and chronic pyelo-hydro nephrosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

Duration

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 Wm. W. Hall (M. D. or other)

Address Med. Dir. K.C. Gen. Hosp. Date signed 9-24-46

(Licensed Embalmer's Statement on Reverse Side)

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. Alvin R. Hauschild

Licensed Embalmer No. 4159

P. O. Address. Kansas City

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.