. S. No. 2
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I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30435

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4166

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kan City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital O
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

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

(d) Street No. Fox Hotel 8
(If rural, give location)

(e) Citizen of foreign country? unk (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ANDY Rotevitch

3. (b) If veteran, name war unknown 3. (c) Social Security No.

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced unk 9

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

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years app 75 Months Days If less than one day hr. min.

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

10. Usual occupation unknown 1

11. Industry or business

FATHER
12. Name
13. Birthplace 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Coroner's Office 1
(b) Address K. C. Mo.

17. (a) Removal (b) Date thereof 10/2/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation KC Dental College

18. (a) Signature of funeral director Sibbetos
(b) Address City

19. (a) 10-2-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 26
year 1946 hour 5 minute 55 p M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner Coronary Arteriosclerosis

Due to

Due to

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy History Inspection

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 6

23. Signature A. E. Usher M.D. (M. D. or other)
Address 2800 Main Date signed 10/1/46

(Licensed Embalmer's Statement on Reverse Side)

Brown Hair
Blue Eyes
5 ft 9 1/2
165 lbs.
Operation scar
Center of abdomen.

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 Harry C Bergman

Licensed Embalmer No. 2041

P. O. Address KC 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.