

No. 2
-12-45
-17-39
X47070

FILED SEP 21 1946

Registration District No. 147 Primary Registration District No. 1002

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. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether in this community years, months or days) 36 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. 26 East Fifty-third Street
(If rural, give location)

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

3. (a) PRINT FULL NAME RUDOLPH H. BICHLER

3. (b) If veteran, name war No

3. (c) Social Security No. 497-28-8024

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Cornelia A. Bichler

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 14th 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>6</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Cost Accountant &

11. Industry or business Industrial Engineer

12. Name Nicholas Bichler

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

14. Maiden name Mary Katon

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

16. (a) Informant Mrs. Cornelia A. Bichler

(b) Address 26 East Fifty-third Street

17. (a) Burial (b) Date thereof 10-9-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director Fresman Mortuary & Chapel

(b) Address 104 West 42nd, St. Kansas City, Mo.

19. (a) 10-8-46 (b) Sheraldine Holms
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6th, year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 2/6/46 19. to 10/6 19. 46

that I last saw him alive on 10/6 19. 46 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 1 wk

Due to Chronic Nephritis 2 1/2 yrs

Pericarditis 6 yrs

Due to _____

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

Major findings: 131K

Of operations _____

Of autopsy Chronic Nephritis

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)

(c) Means of injury _____

23. Signature James H. [unclear] (M. D. or other) _____

Address 814 Porter Bldg Date signed 10/21/46

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

NOV 19 1948
NOV 19 1948

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 Walter H. Erwin
Licensed Embalmer No. 7352
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.