

Registration District No. **149** 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:
Little Sisters of the Poor
(If not in hospital or institution, write street number or location) 5
(d) Length of stay: In hospital or institution 3 Mo.
In this community 26 Yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rudolph Henry Loetel
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male 5. Color or race Wht
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife May C.
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 4 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 0 hr. min.

9. Birthplace Buffalo New York
(City, town, or county) (State or foreign country)

10. Usual occupation Retired, Resturant

11. Industry or business self

12. Name Charles Loetel

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

14. Maiden name Minnie Fredricks

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

16. Informant Charles E. Raedel

(b) Address 5504 Roeland Pkwy Mission, Ks

17. (a) burial (b) Date thereof 12-6-46
(Burial, cremation, removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem. K.C. Ks.

18. (a) Signature of funeral director Simmons

(b) Address 1404 So 37th Kc Mo

19. (a) 12-6-46 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3613 Strong Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4
year 1946 hour Three minute 45 P.M.
21. I hereby certify that I attended the deceased from Dec 1
1946 to Dec 4 1946
that I last saw him alive on Dec 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to arteriosclerotic heart disease
Duration 4 days
Due to _____
year _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations: _____
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? 0

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

23. Signature John T. Shuman (M. D. or other) MD

Address 100 Grand Ave Date signed 2-6-46

MOTHER FATHER

999
14
0

J

4 days
year

938

35. 214

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.....

Licensed Embalmer No.....

P. O. Address.....

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.