

S. No. 2
M-5-43
7. 5-17-39
D I X36871

FILED NOV 24 1947

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:
6549 Holmes St.
(If not in hospital or institution, write street number or location) 1

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

In this community 46 years

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") **8**

(d) Street No. 6549 Holmes
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FREDRICK A. REHAGEN
FULL NAME

3. (b) If veteran, name war No

3. (c) Social Security No. 510-07-0585

4. Sex Ma 0 5. Color or race Wh

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

6. (b) Name of husband or wife Laura V. Rehagen

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased November 1 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>0</u>	<u>4</u>	hr. min.

9. Birthplace Westphalia Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Employee

11. Industry or business Cudahy Packing Co.

12. Name Conrad Rehagen **4**

13. Birthplace Germany

14. Maiden name Theresa Faulter **4**

15. Birthplace Germany

16. (a) Informant Laura V. Rehagen

(b) Address 6549 Holmes St.

17. (a) Burial (b) Date thereof 11-8-47
(Burial, cremation, or removal) (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) 11-6-47 (b) Gertrude Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5th
year 1947 hour 4:00 minute P.M.

21. I hereby certify that I attended the deceased from 4, 25 47
....., 19....., to 11, 5, 1947
that I last saw him alive on 11, 4-47, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma **2 yrs.**

Due to primary Carcinoma of the mouth

Due to 45C

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 45C

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature J. W. Wagner (M. D. or other)

Address 200 Plaza Med Bldg Date signed 11/5/47

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

Align mark
L 0 - 3,50
until 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. *3-807*

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.