

FILED APR 12 1948

Registration District No. 149

Primary Registration District No. 1002

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

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:
Residence, 3100 Wabash
(If not in hospital or institution, write street number or location)

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

In this community 30 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")

(d) Street No. 3100 Wabash 8
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MRS. RHEA KATHLEEN KOENIG

3. (b) If veteran, name war none

3. (c) Social Security No. 444-30-9832

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Clarence C. Koenig

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Nov. 6, 1903
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>44</u> | <u>4</u> | <u>21</u> | hr. _____ min. _____ |

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

10. Usual occupation Office Clerk

11. Industry or business A&P Grocery Co.

MOTHER FATHER

12. Name Geo. E. McKenzie

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

14. Maiden name Miss Evadne Dowker

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

16. (a) Informant Clarence C. Koenig

(b) Address 3100 Wabash, Kansas City, Mo.

17. (a) Funeral (Burial, cremation, or removal)

(b) Date thereof 3/29/48
(Month) (Day) (Year)

(c) Place: burial or cremation Grand View

18. (a) Signature of funeral director [Signature]

(b) Address Independence, Mo.

19. (a) 3-27-48 (Date received local registrar)

(b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1948 hour 1:40 minute A M.

21. I hereby certify that I attended the deceased from June 6, 1947 to Mar 26, 1948
that I last saw her alive on 3/26, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatous Duration 6 mos

Due to Carcinoma Cervix 2 yr

Due to _____

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

Major findings: 480

Of operations None

Of autopsy None

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 [Signature] (M. D. or other) MD

Address 307 North Blvd Date signed 3/27/48

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.....

Richard L. Shorter....., Registered Apprentice No. *822*
working under my personal supervision.

Signed *Hoyd Carson*.....
Licensed Embalmer No. *4199*
P. O. Address *Independence, 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.