

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Cleveland Rest Home, 3217 Cleveland
(d) Length of stay: 11 months
In this community 65 years 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3217 Cleveland
(e) Citizen of foreign country? No

3: (a) PRINT FULL NAME MRS. MINNIE FLOERKE
3. (b) If veteran, name war XX
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 10th
year 1948 hour 7: minute 30 A. M.

4. Sex Fe / 5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph Floerke
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased September 7 1867

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.

8. AGE: Years Months Days If less than one day
81 0 3 hr. min.

Immediate cause of death Coronary Sclerosis
Due to _____
Due to _____

9. Birthplace Germany 4
10. Usual occupation At Home

Other conditions Deputy Coroner
Major findings: Of operations _____
Of autopsy See Book

11. Industry or business _____
12. Name No Record
13. Birthplace Germany 4
14. Maiden name No Record
15. Birthplace Germany 4

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Bertha Foss
(b) Address 4039 Charlotte
17. (a) Burial (b) Date thereof 9-13-48
(c) Place: burial or cremation Forest Hill

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.
19. (a) 9-11-48 (b) Heraldine Holmer

While at work _____
23. Signature A. E. Upsher
Address 2800 Main

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

MOTHER FATHER

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 _____

Eugene L. Kennon, Registered Apprentice No. #1. 217,
working under my personal supervision.

Signed A. R. Hausschell

Licensed Embalmer No. 4159

P. O. Address K. E. 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.