

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

1404

FILED JAN 29 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>30 yrs</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1222 Harrison</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>OTTO</b>		b. (Middle) <b>JOHN</b>		c. (Last) <b>ROEHRs</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 5 1949</b>				
5. SEX <b>Ma</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>7-14-1895</b>		9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painting Contractor O.J. Roehrs Co</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>O.J. Roehrs Co</b>		11. BIRTHPLACE (State or foreign country) <b>Bunceton, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>Wm. J. Roehrs</b>		13b. MOTHER'S MAIDEN NAME <b>Anna M. Behrens</b>		14. NAME OF HUSBAND OR WIFE <b>XX</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state way or dates of service) <b>Yes W.W.#1</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>August F. Roehrs, 2909 Euclid, KC</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Squamous Carcinoma</b> <b>Urinary Bladder with Multiple Metastases + Pyloric Obstruction</b> DUE TO (c) <b>tissue</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>18 mos</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>General Peritonitis</b> <b>195</b>			<b>10 hrs</b>

19a. DATE OF OPERATION <b>12/30/49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Generalized Carcinomatosis</b>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		21b. PLACE OF INJURY (In or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>0</b>	

22. I hereby certify that I attended the deceased from **Dec 29, 1948**, to **Jan 5, 1949**, that I last saw the deceased alive on **Jan 5, 1949**, and that death occurred at **11:40 AM** on the causes and on the date stated above.

23a. SIGNATURE <b>John H Ogilvie</b> John H. (Degree or title)		23b. ADDRESS <b>730 Prof Bldg</b>		23c. DATE SIGNED <b>1-7-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-7-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	
		24d. LOCATION (City, town, or county) (State) <b>Kansas City, MO.</b>			

DATE REC'D BY LOCAL REG. <b>1-7-49</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.W. Wagner - K. C. Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

4-7-78 - 34-4

FEB 1

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*

Student Embalmer No. *217*

working under my personal supervision.

Signed *Eugene L. Kennon*  
Student Embalmer

Signed *Alvin R. Haunschele*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City*

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.