

FILED APR 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8972  
1181

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u><br>b. COUNTY <u>JACKSON</u>   |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>KANSAS CITY</u>                      |  | c. LENGTH OF STAY (in this place)<br><u>39 YRS.</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>KANSAS CITY</u>   |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>3521 BALTIMORE APT. 114</u>   |  |  |  | d. STREET ADDRESS (If rural, give location)<br><u>3521 BALTIMORE APT. 114</u>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>C.</u><br>b. (Middle) <u>BERTON</u><br>c. (Last) <u>ROUECHE</u> |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>MARCH 10, 1950</u>  |  | 5. SEX<br><u>M</u> <u>0</u> <u>W</u>   |  | 6. COLOR OR RACE<br><u>W</u>   |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>MARRIED</u>  |  | 8. DATE OF BIRTH<br><u>MAY 30, 1874</u>  |  | 9. AGE (In years last birthday) <u>75</u><br>IF UNDER 1 YEAR: Months _____ Days _____<br>IF UNDER 4 HRS. Hours _____ Mins. _____   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>MERCHANT TAILOR</u> |  |
| 10b. KIND OF BUSINESS OR INDUSTRY<br><u>TAILORING</u>   |  | 11. BIRTHPLACE (State or foreign country)<br><u>PENNSYLVANIA</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |  | 13a. FATHER'S NAME<br><u>LOUIS ROUECHE</u>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>DIADEMA CORNELIA KNAPP</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>NANA MOSSMAN ROUECHE</u>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>  |  | 16. SOCIAL SECURITY NO.<br><u>UNKNOWN</u>  |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><u>MR. MOSSMAN ROUECHE</u>   |  | ADDRESS<br><u>7154 VILLAGE DRIVE</u>   |  | 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.<br><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>malnutrition and inanition</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (b) <u>Paralysis agitans approx. mo. 10 yrs?</u><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>No operation</u>  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  | 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  |
| 21b. PLACE OF INJURY (e.g., 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?  |  | 22. I hereby certify that I attended the deceased from <u>Jan 2, 1950</u> to <u>March 10, 1950</u> , that I last saw the deceased alive on <u>April 10, 1950</u> , and that death occurred at <u>4:55 P.M.</u> from the causes and on the date stated above. |  | 23a. SIGNATURE <u>Carl R. Davis</u> (Degree or title)  |  | 23b. ADDRESS <u>924 Apple Blvd Fairdale, Mo</u>  |  |
| 23c. DATE SIGNED <u>March 11 1950</u>   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>CREMATION</u>  |  | 24b. DATE <u>3-14-50</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD</u>  |  |
| 24d. LOCATION (City, town, or county) (State)<br><u>K. C. Mo.</u>   |  | DATE REC'D BY LOCAL REG. <u>3-13-50</u>  |  | REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE McCLURE</u> ADDRESS <u>KANSAS CITY, MISSOURI</u>                           |  |

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

148227  
Mayer

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Max E. Mayer

Licensed Embalmer No. 4535

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.