

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23193  
State File No. 3046  
Registrar's No.

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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) <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL, and give township) <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>58 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>1822 EAST 7<sup>TH</sup> STREET</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Menorah Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ruth</b>	b. (Middle) <b>HAZEL</b>	c. (Last) <b>Rewaldt</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7 16 51</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 22 1892</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months Days	IF UNDER 11 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (State or foreign country) <b>KANSAS CITY MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JACOB SCHMITZ</b>	13b. MOTHER'S MAIDEN NAME <b>ANNA MEYER</b>	14. NAME OF HUSBAND OR WIFE <b>WILLIAM REWOLDT</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>WILLIAM REWOLDT</b>	ADDRESS <b>1822 E. 7<sup>TH</sup> ST. KANSAS CITY MO.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of colon, with metastases.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>153X</b>	

19a. DATE OF OPERATION <b>6/1/51</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of colon, with multiple abdominal metastases.</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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>7-16</b>
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22. I hereby certify that I attended the deceased from **5/28**, 1951, to **5/28**, 1951, that I last saw the deceased alive on **5/16**, 1951, and that death occurred at **6:50** a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Arthur Adelman M.D.</b>	(Degree or title)	23b. ADDRESS <b>909 Professional Bldg</b>	23c. DATE SIGNED <b>5/16/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JULY 18 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FLORAL HILLS CEMETERY</b>	24d. LOCATION (City, town, or county) <b>KANSAS CITY MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>7-18-51</b>	REGISTRAR'S SIGNATURE <b>Geraldine Palmer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. Newcomer</b>	ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Robert Ray*

Signed .....  
Student Embalmer

Licensed Embalmer No. 4182

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.