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

FILED AUG 27 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 28821

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3932

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nora Rae Restorium

**2. USUAL RESIDENCE** (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 309 Garfield

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**3. NAME OF DECEASED** (Type or Print)
a. (First): Henry
b. (Middle): ✓
c. (Last): Rechtermann

**4. DATE OF DEATH** (Month) (Day) (Year): Aug. 6 1953

**5. SEX**: Male
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never Married
**8. DATE OF BIRTH**: Sept. 10, 1875
**9. AGE** (In years last birthday): 77 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farming
**10b. KIND OF BUSINESS OR INDUSTRY**: General Labor
**11. BIRTHPLACE** (State or foreign country): Mayview, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: Henry Rechtermann
**13b. MOTHER'S MAIDEN NAME**: Anna Knopf
**14. NAME OF HUSBAND OR WIFE**: ✓
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Lewis Rechtermann — ADDRESS: Higginsville Mo.

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Sarcomatous Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic Heart Disease — 10 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: 4200

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 30, 1949, *to* August 6, 1953, *that I last saw the deceased alive on* August 4, 1953 *and that death occurred at* 8:10 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Florence E. McInnis (Degree or Title): MD
23b. ADDRESS: Kansas City, Mo
23c. DATE SIGNED: 8/6/53

24a. BURIAL CREMATION REMOVAL (Specify): Burial
24b. DATE: Aug. 8, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cr. + Reform Cemetery
24d. LOCATION (City, town, or county) (State): Mayview, Mo.

DATE REC'D BY LOCAL REG.: 8-7-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: A. V. Hader — ADDRESS: Higginsville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 15 1955

## 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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.