

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22991**
3073BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give town or town KANSAS CITY township) <u>14th St. - 6th St.</u>		c. LENGTH OF STAY (In this place) 14 yrs - 6th mo.	c. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL NO. ONE		e. STREET ADDRESS (If rural, give location) 1645 JEFFERSON 3298	
3. NAME OF DECEASED (Type or Print) a. (First) RUDOLPH b. (Middle) J. c. (Last) FOLKERTS		4. DATE OF DEATH (Month) (Day) (Year) 7-2-54	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-6-65
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	
10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and State or Foreign Country) Germany 4	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Folkerts	
13b. MOTHER'S MAIDEN NAME Margaret Walt		14. NAME OF HUSBAND OR WIFE Dora Folkerts	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs Dora Folkerts		ADDRESS 1645 Jefferson K.C.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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		332 X	
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)	
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>June 30</u> , 19 <u>54</u> , to <u>July 2</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>July 2</u> , 19 <u>54</u> , and that death occurred at <u>9 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE B.I. Burns, M.D.		23b. ADDRESS 24 7 Mc Coy	
23c. DATE SIGNED Jul. 3 1954		23d. NAME OF CEMETERY OR CREMATORY Luthern Cem.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jul. 3 1954	
24c. NAME OF CEMETERY OR CREMATORY Luthern Cem.		24d. LOCATION (City, town, or county) (State) California Missouri	
DATE REC'D BY LOCAL REG. 7-4-54		REGISTRAR'S SIGNATURE Seraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Mrs C.L. Forster		ADDRESS Funeral Home Kas. City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 10 19

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 _____
Signature of Student Embalmer

Signed *J. W. H. Hennick*
Licensed Embalmer No. 352

P. O. Address *J. C. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.