

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.  
**11978**  
File No. ....  
Registered No. **1775** St. .... Ward)

**1. PLACE OF DEATH**

County **Jackson** Registration District No. **399**  
Township **Kaw** Primary Registration District No. **1002**  
City **Kansas City** (No. **Research Hospital**)

**2. FULL NAME** **Otto A. Dehner**

(a) Residence. No. **2408 Benton Blvd** St. .... Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mrs. Belle Dehner**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 7th 1871**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**65**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Salesman**  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN), **Iowa City**  
(STATE OR COUNTRY) **Iowa**

PARENTS

10. NAME OF FATHER **Joseph Dehner**

11. BIRTHPLACE OF FATHER (CITY OR TOWN), (STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Bertha Drew**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN), (STATE OR COUNTRY) **Germany**

14. INFORMANT **Robert Dehner**  
(Address) **4134 Warwick Blvd.**

15. FILED **4/30, 1927** **M M Crowe** REGISTRAR  
**asst**

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 29 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Deputy Coroner** 19..... to 19....., and that (that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Coronary Arteriosclerosis**  
**4415**  
**974**

CONTRIBUTORY (SECONDARY) **Myocarditic Arteriosclerosis** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED **Yes**  
IF NOT AT PLACE OF DEATH, .....

DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? **Yes**

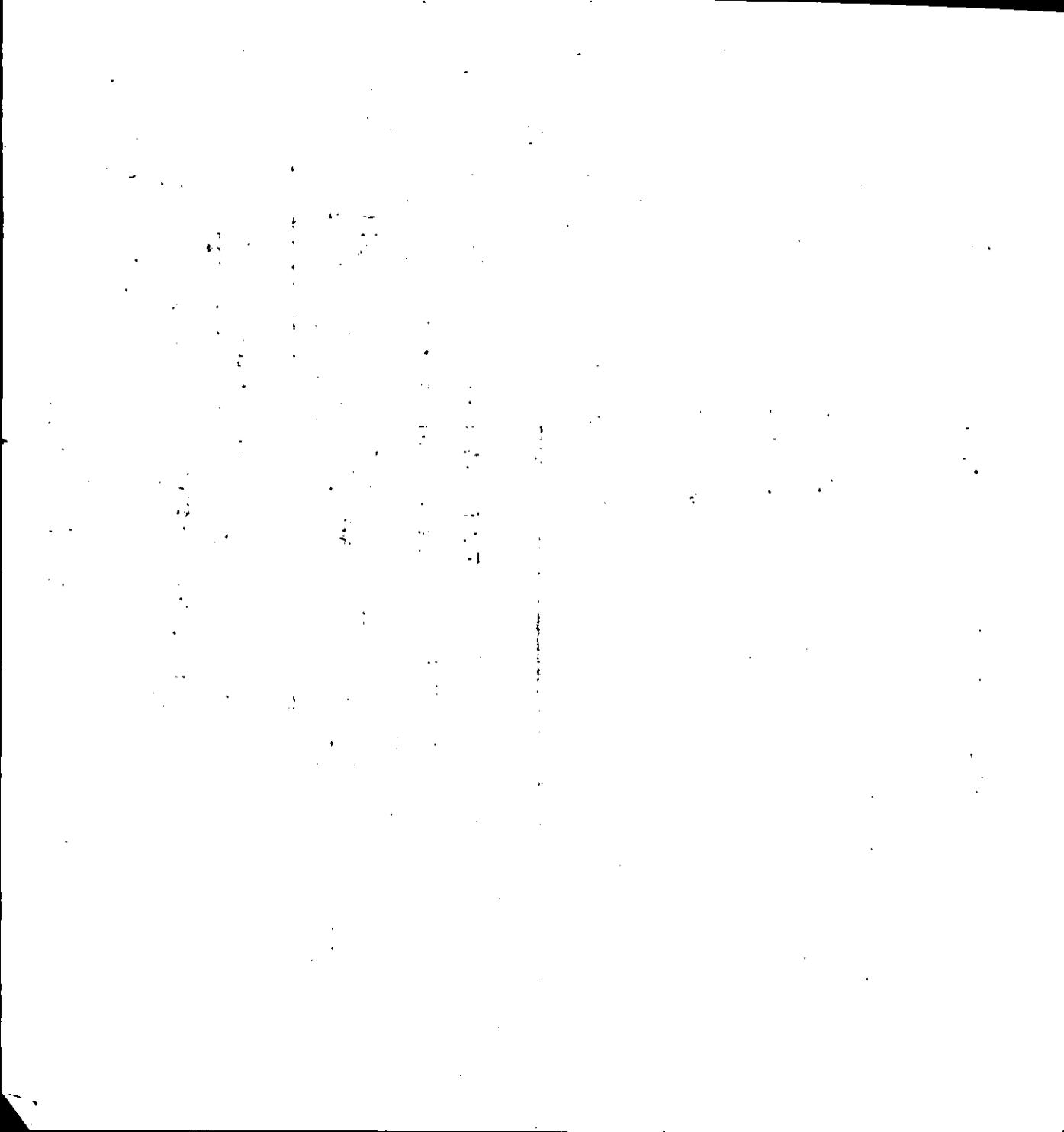
WHAT TEST CONFIRMED DIAGNOSIS **Autopsy**  
(Signed) **Chas S Johnson**, M. D.

**4-29-27** (Address) **Deputy Coroner**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Iowa City Iowa** DATE OF BURIAL **4/30 1927**

20. UNDERTAKER **The Taylor Funeral Home Inc** ADDRESS



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH  
 County          Registration District No. 299 File No. 11978  
 Township          Primary Registration District No. 1002 Registered No. 1773-  
 City Kansas City St.          Ward         

2. FULL NAME Ottola A. Dekner  
 (a) Residence. No.          St.          Ward.           
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF         

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 7 - 1871

7. AGE YEARS MONTHS DAYS IF LESS than I day, hrs. or min.  
56 0 22                           

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work           
 (b) General nature of industry, business, or establishment in which employed (or employer)           
 (c) Name of employer         

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)         

10. NAME OF FATHER         

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)         

12. MAIDEN NAME OF MOTHER         

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)         

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 29 1927

17. I HEREBY CERTIFY That I attended deceased from         , 1927 that I last saw h.          alive on         , 1927, and that death occurred, on the date stated above, at          m.  
 THE CAUSE OF DEATH WAS AS FOLLOWS:  
          
         (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY)           
         (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH,           
 DID AN OPERATION PRECEDE DEATH?          DATE OF           
 WAS THERE AN AUTOPSY?           
 WHAT TEST CONFIRMED DIAGNOSIS?           
 (Signed)         , M. D.  
        , 19 27 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT (Address)         

15. FILED 4/30 17 M. M. Brown 19 27  
         REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL          DATE OF BURIAL          19         

20. UNDERTAKER          ADDRESS         

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

REGISTRARS SHOULD STATE IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

S-11978