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

Do not use this space.

19437

File No. 2239

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township — Primary Registration District No. 1002

City Kansas City Mo. — No. St. Marys Hosp — St. — Ward)

2. FULL NAME Oswald W. Obenhaus

(a) Residence. No. 1511 So 15th Kansas City Kansas
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Mal	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	54	8	19	

8. OCCUPATION OF DECEASED 116

(a) Trade, profession, or particular kind of work Locomotive Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Santa Fee R.R.

9. BIRTHPLACE (CITY OR TOWN) Herman
(STATE OR COUNTRY) Missouri 1

PARENTS

10. NAME OF FATHER Wm Obenhaus

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 10
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Henrietta Huxal

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Herman
(STATE OR COUNTRY) Missouri 1

14. INFORMANT Mrs Sarah Obenhaus
(Address) 1511 So 15th K.C.K.

15. FILED June 4, 1932 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3 1932

17. I HEREBY CERTIFY, That I attended deceased from 4-18, 1932 to 6-3, 1932 that I last saw him alive on 6-3, 1932 and that death occurred, on the date stated above, at 1 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Thrombosis of Coronary artery

(duration) yrs. 1 mos. 3 wks ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 2 yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Residence K.C. Ks

DID AN OPERATION PRECEDE DEATH No DATE OF

WAS THERE AN AUTOPSY? No -1

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms-Physical finding

(Signed) [signature], M. D.

6-3, 1932 (Address) Rosedale Kans

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Highland	6/6 1932

20. UNDERTAKER	ADDRESS
Simmons & Son	2113 Silver K.C. Kansas

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.