

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.

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

Do not use this space.

40329

5139

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 6702 Monroe) St. _____ Ward _____

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME Oscar Massmer

(a) Residence, No. 6702 Monroe St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louise Massmer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 19, 1850</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>6</u>	DAYS <u>11</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Merchant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	13. NAME <u>Massmer</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Louise Massmer</u> (ADDRESS) <u>6702 Monroe</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>Jan 2</u> 19 <u>34</u>		
19. UNDERTAKER <u>Wagner Funeral Home</u> (ADDRESS) <u>204 W. Linwood</u>		
20. FILED <u>Dec 31, 1933</u> <u>m m erow</u> <u>Regist.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 33 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18 1933 to Dec. 30 1933
 I last saw him alive on Dec. 30 1933. Death is said to have occurred on the date stated above, at 7:30A.
 The principal cause of death and related causes of importance were as follows:
Very marked general arteriosclerosis
Senility
97
 Other contributory causes of importance:
Senility

Name of operation _____ Date of _____
 What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) J. L. Dod M. D.
 (Address) 6115 Harrison St.
Kansas City, Mo.

6115 Harrison