WRITE 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.

MAY 9 [illegible]

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

Do not use this space.

12827

1. PLACE OF DEATH
County JACKSON — Registration District No. [illegible] — File No. [illegible]
Township KAW — Primary Registration District No. [illegible] — Registered No. [illegible]
City KANSAS CITY (No. TRINITY LUTHERAN HOSPITAL St. ..... Ward)

2. FULL NAME CHARLES WILLIAM HENRY Laudenberger
(a) Residence, No. 5646 - PASEO St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 44 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): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ MRS. ALICE LAUDENBERGER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 29 - 1857

7. AGE: YEARS 76 — MONTHS 3 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SALESMAN
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) OCTOBER 1933
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALLENTOWN PENNSYLVANIA

FATHER
13. NAME CHARLES LAUDENBERGER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PENNSYLVANIA

MOTHER
15. MAIDEN NAME ELIZA R. HARTZELL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PENNSYLVANIA

17. INFORMANT (ADDRESS) MRS. L. F. ROSS 5646 - PASEO BLVD.

18. BURIAL, CREMATION, OR REMOVAL
PLACE FOREST HILL DATE APRIL - 9 1934

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS 2111 EAST 9TH ST.

20. FILED Apr 6 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 6 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-6- 1934, to 4-6 1934
I last saw him alive on 4-6 1934. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

Cancer Right Kidney
Papillary carcinoma
50
51A

Date of onset

Other contributory causes of importance:

Name of operation Exploratory Date of 3-6-34
What test confirmed diagnosis? Operation 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? .....
If so, specify no
(Signed) [illegible], M. D.
(Address) 1025 Rialto Bldg.