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.

JUN 19 1934

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

399

Do not use this space.

16897

File No. 26566

Registered No. 25200

1. PLACE OF DEATH

County: Jackson

Township: Ham

City: Kansas City (No. 2843 Troost Ave St. Ward)

Registration District No. 1002

Primary Registration District No.

2. FULL NAME: George J. Hafner

(a) Residence, No. 2843 Troost Ave 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 21, 1878

7. AGE: Years 56 | Months 4 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Meat cutter - retired

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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

FATHER

13. NAME: Henry Hafner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Katherine Stewart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cincinnati, Ohio

17. INFORMANT (ADDRESS): Fred Hafner, 3912 Paseo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt St Marys Cemetery DATE: May 23, 1934

19. UNDERTAKER (ADDRESS): John J. Sheehan, Kansas City, Missouri

20. FILED: May 22, 1934 M. M. Crowe, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1934 to May 21, 1934

I last saw him alive on May 1, 1934. Death is said to have occurred on the date stated above, at 4:25 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis (Acute)	
GIA	

Other contributory causes of importance:

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) Marie L. Belden, M. D.

(Address) Argyle Bldg. K.C. Mo