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.

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

Do not use this space.

16535

1. PLACE OF DEATH

County Jackson — Registration District No. 377 — File No. [illegible]

Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 3800 Troost Avenue St. Ward)

2. FULL NAME Ebert E Behrensmeyer

(a) Residence, No. 3805 Campbell St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): 4-22-1905

7. AGE: Years 29, Months 8, Days 23 — If LESS than 1 day, ... hrs. or ... min.

139

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. KC Warehouse Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Branch Mgr

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): Quincy Ill

FATHER

13. NAME: Edward T Behrensmeyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Quincy Ill

MOTHER

15. MAIDEN NAME: Ida Ebert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Quincy Ill

17. INFORMANT (ADDRESS): Mrs. Ida E. Behrensmeyer, 3805 Campbell Street

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Quincy Ill — DATE: May 17, 1935

19. UNDERTAKER (ADDRESS): Freeman Mortuary & Chapel, 104 West 42nd Street

20. FILED: May 16, 1935 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sydney Crowe, to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8 P. m.

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

Automobile traumatism — Date of onset

Fracture of the skull

Other contributory causes of importance: Pulmonary

210 M

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident — Date of injury 5-15-35

Where did injury occur? 38th & Troost Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: Struck by motor car

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) [signature]