

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH
Jackson

County **Kaw**
Township **Kansas City**
City **Kansas City** (No. **710**, East **26th** St. Ward)

Registration District No. **399**
Primary Registration District No. **1002**

File No. **9732**
Registered No. **1277**

2. FULL NAME **Frederick Kassen**

(a) Residence, No. **710 East 26** St., Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male**
4. COLOR OR RACE **White**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 24**, 19**37**

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

22. I HEREBY CERTIFY, That I attended deceased from **March 16**, 19**37**, to **March 24**, 19**37**
I last saw him alive on **3-24**, 19**37**. Death is said to have occurred on the date stated above, at **P. 1:40** m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 3, 1848**

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

7. AGE YEARS **88** MONTHS **6** DAYS **21**
IF LESS than 1 day, hrs. or min.

Date of onset **3-16-37**

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

Taken pneumonia left base
108

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

13. NAME **No record**

Name of operation **None** Date of

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

What test confirmed diagnosis? **Chemical** Was there an autopsy? **no**

15. MAIDEN NAME **No record**

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

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Mrs. Edna Kassen**
(ADDRESS) **710 East 26, Kansas City, Mo.**

Manner of injury
Nature of injury

18. BURIAL ~~GERMANIA DE RHINOVAK~~ **Woodlawn Cemetery**
PLACE **Kansas City, Ks.** DATE **March 25**, 19**37**

24. Was disease or injury in any way related to occupation of deceased? **no**

19. UNDERTAKER **Stine & McClure**
(ADDRESS) **3235 Gillham Plaza**

If so, specify
(Signed) **Edna Kassen** M. D.
(Address) **612 Prof. Bldg. - 1011 mo**

20. FILED **3-25**, 19**37** **M. M. Crowe, reg.**
Registrar.

Professional Bids

621

Vi #212

130-5