FILED MAR 17 1938

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

Do not use this space. 7069

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 411
(b) Township — Primary Registration District No. 2002 — Registered No.
(c) City Joplin — (d) Street No. St Johns Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 3 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME FRANK KALFEE 410
(a) Residence, No. LEE HOTEL 1 St & Main St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) Feb. 26. 1855.

7. AGE: Years 82 | Months 11 | Days 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Rancher
9. Industry or business in which work was done, as 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) Indiana

FATHER
13. NAME Unknown.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT (ADDRESS) St. Johns Hospital

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Oak Mem. DATE 2-18 1938

19. FUNERAL DIRECTOR (ADDRESS) Langher Mortuary Joplin Mo.

20. FILED 2-18 1938 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16 1938.

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1938, to Feb. 16 1938
I last saw h. alive on Feb 16 1938. Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Cerebral Hemorrhage	
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Other contributory causes of importance:
Chronic Nephritis.

Name of operation None Date of
What test confirmed diagnosis? None 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) [signature], M. D.
(Address) Joplin Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Allen E. Lanpher, Licensed Embalmer No. 3574

hereby certify that the body recorded on the reverse side of this certificate was embalmed by F. M. Jones

L. E.

No. 2319 or by, Registered Apprentice No.

working under my personal supervision.

Signed Allen E. Lanpher

Licensed Embalmer No. 3574

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)