REC'D AUG 8 1938

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

24155
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 2
(b) Township — Primary Registration District No. 4002 — Registered No. 2660
(c) City Kansas City — (d) Street No. Trinity Lutheran Hosp. 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 28 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John J. Laukhuf 210
(a) Residence, No. 641 Ann Ave St. Kansas City, Kansas.
(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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 4 1861
7. AGE: YEARS 76 — MONTHS 3 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc. Retired 4 yrs.
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): Hannibal, Mo. 0

FATHER
13. NAME: John Laukhuf 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 9

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

17. INFORMANT (ADDRESS): Mrs. Edith Parcell, Warsaw Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE July 2 1938
19. FUNERAL DIRECTOR (ADDRESS): Simmons & Son, 1404 So. 37 K.C. Ks.
20. FILED 7-2 1938 M. M. Crowe, asst. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 1, 1938
22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938 to July 1, 1938
I last saw him alive on July 1, 1938. 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:

	Date of onset
Pyo nephritis of left kidney	5-1-38
92	

Other contributory causes of importance: Mitral Insufficiency

Name of operation ..... Date of .....
What test confirmed diagnosis? Pyo Motor Was there an autopsy? .....

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) Carl A Jackson, M. D.
(Address) 507 Commerce Bldg K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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