

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

AUG 8 1938

24261
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 1002
(b) Township Kaw Primary Registration District No. 3909
(c) City K. C. Mo. (d) Street No. Kenwood Registered No. 2766
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number) St. 416

2. PRINT FULL NAME John Bolefahr
(a) Residence, No. 3909 Kenwood St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 1 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as saw mill, bank, etc. Cty Clerk's Office
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) Cincinnati, Ohio

FATHER 13. NAME John Bolefahr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

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

17. INFORMANT George W. Bolefahr
(ADDRESS) Detroit, Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Mary's DATE July 19, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wagner Funeral Home
Kansas City, Mo.

20. FILED 7-10-38 M. M. Crowe, and
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1938 to July 7, 1938
I last saw him alive on July 7, 1938 Death is said to have occurred on the date stated above, at 8:15 m. pm
The principal cause of death and related causes of importance were as follows:
Respiratory Hemorrhage
82 wt
Date of onset June 24, 1938

Other contributory causes of importance:
Cerebral hemorrhage

Name of operation..... Date of.....
What test confirmed diagnosis? Physical Exam 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) M. M. Crowe M. D.
(Address) 303 W. 11th St. Bldg.
J. C. Crowe

Dr. W. D. Stimp
W. Idhelm Bg.,

VI 7755

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,,
....., or by,
Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.