

AUG 24 1938

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

25567
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 404
(b) Township Ward Primary Registration District No. 558 Registered No. 59
(c) City Kansas City, Mo. (d) Street No. 116th, and 71st, Highway 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Otyo B. Pappenfort, 151

(a) Residence, No. 116th, and 71st, Highway 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17th, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Martha Pappenfort,

22. I HEREBY CERTIFY That I attended deceased from _____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15th, 1868

I last saw him _____, 19____. Death is said to have occurred on the date stated above, at 7: A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 10 2

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Gas Station Owner
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Coronary atherosclerosis
Chronic diffuse myocardial fibrosis
Pulmonary edema & congestion

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

Other contributory causes of importance:
93C

FATHER 13. NAME Otto Pappenfort

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

MOTHER 15. MAIDEN NAME Emma Ringling,

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

17. INFORMANT Son- D. M. Pappenfort, (ADDRESS) Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elrwood DATE July 19th, 1938

19. FUNERAL DIRECTOR (NAME) Mrs. C.L. Forster (ADDRESS) 918 Brooklyn Avenue, K.C. Mo.

20. FILED 1938 Mrs. J. J. Brennan Local Registrar

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? _____
If so, specify _____ (Signed) Ret. J. J. Brennan, M. D.
(Address) San Diego, K.C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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.