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.

REC'D SEP 13 1938

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

28125
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City (d) Street No. General 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 399
Primary Registration District No. 1007
Registered No. 3436

2. PRINT FULL NAME Otto William Pueschel
(a) Residence, No. 3632 Highland 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pauline Pueschel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9, 1879
7. AGE: Years 58 Months 10 Days 21 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mgr. Instructor
9. Industry or business in which work was done, as saw mill, bank, etc. K. C. Turnverein
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) Kansas City Kansas

FATHER
13. NAME Edmond Gustave Pueschel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Margaret Reibolt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mrs. Pauline Pueschel
(ADDRESS) 3632 Highland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Sept. 3 1938

19. FUNERAL DIRECTOR (NAME) D. H. Newcomer's Sons
(ADDRESS) Brushcreek & Paseo.

20. FILED Aug 31, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-30-38, 19

22. I HEREBY CERTIFY That I attended deceased from ..., 19...
I last saw him alive on 8-30-38. Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of left chest and abdomen	
Hemothorax (right)	
Perforation of duodenum	
Retroperitoneal Hemorrhage (right)	

Other contributory causes of importance:

Name of operation Suture of wound of duodenum Date of 8-28-38
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 8-28-, 1938
Where did injury occur? K. C. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Shot while being robbed
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Fred B. Shorter, M. D.
(Address) Gen Hosp, K. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Neil Carr

Licensed Embalmer No. 3976

P. O. Address .....

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

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