

0560 JAN 13 1938

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

41830  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002 Registered No. 4896  
(c) City K. C. Mo. (d) Street No. 3240 Jefferson 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

163 Mrs. Mari Oberdorf  
(a) Residence, No. 3240 Jefferson 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 Female 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 Frank Oberdorf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
83 5 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
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) Hungary

FATHER 13. NAME No Record

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

MOTHER 15. MAIDEN NAME No Record

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

17. INFORMANT (ADDRESS) Miss Anna Oberdorf  
3240 Jefferson

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Dec. 17, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. Wagner  
Kansas City, Mo.

20. FILED Dec 15, 1938 M. M. Crowe  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1938, to Dec 14, 1938

I last saw h. alive on Dec 14, 1938 Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:  
Broncho Pneumonia Date of onset Dec 11-1938

Other contributory causes of importance: Age

Name of operation None Date of NO  
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) Ward A. Leonard M.D.  
(Address) 3232 Summit

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.

Dr. Ward Leonard  
3232 Summit

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**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.**