

REC'D FEB 20 1939

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

1270

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Haw Primary Registration District No. 1007
(c) City Kansas City (d) Street No. 6212 East 17th Registered No. 283
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT/FULL NAME

(a) Residence, No. 6212 E 17 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lina Hoelffing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
78 7 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Employee
9. Industry or business in which work was done, as saw mill, bank, etc. Stained oak
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) Stettin Germany13. NAME Herman Hoelffing14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Mrs. Roy Remund
5839 B. 1618. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE Jan. 24 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Newberr
Brushcreek - Base20. FILED Jan 25, 39 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21, 1939

22. I HEREBY CERTIFY, that I attended deceased from vet. 1938 to 1-21- 1939
I last saw him alive on 1-20-39 Death is said to have occurred on the date stated above, at 7:10 P.
The principal cause of death and related causes of importance were as follows:

myocarditis chr Date of onset 1-1-38
31

Other contributory causes of importance:

reflexes chr. interst 1-1-38

Name of operation none Date of no
What test confirmed diagnosis? clinical 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) L. G. Patten M. D.
724 Pry Bldg
AR mo

1030 - 5

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 *Lawrence Carr* _____

Licensed Embalmer No. *4031* _____

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.