

REC'D FEB 20 1939

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

1405

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. 418
(c) City Kansas City (d) Street No. 109 West 65th Street 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 Frederick Kaltenbach

(a) Residence, No. 109 W. 65th St. (If no resident, 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 Anna C. Kaltenbach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Germany

FATHER 13. NAME John Martin Kaltenbach

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

MOTHER 15. MAIDEN NAME Katherine Graeszlin

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

17. INFORMANT Miss Emma Kaltenbach
(ADDRESS) 109 W. 65th

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Feb. 1, 1939

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

20. FILED Jan 31, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 31, 1938 to January 30, 1939
I last saw him live on January 28, 1939 Death is said to have occurred on the date stated above, at 8:00 am.
The principal cause of death and related causes of importance were as follows:

Cancer of Stomach
(carcinoma)

Date of onset
Sept 1, 1938

Other contributory causes of importance: None
Name of operation None Date of None
What test confirmed diagnosis? May Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1939
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) E. Kaltenbach, M. D.
(Address) 206 Hillcrest apt 1
St Joseph, Mo.

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.