REC'D APR 17 1939

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

9510
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 2 Registration District No. 399
(b) Township Kan Primary Registration District No. 1002 Registered No. 1116
(c) City Kansas City (d) Street No. 352 North Van Brunt Ave 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 Aydee Antoinette Bach
(a) Residence, No. 352 North Van Brunt 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 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 Unk. Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1862
7. AGE YEARS 77 MONTHS 2 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as saw mill, bank, etc. at Home
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) State Line City Indiana

FATHER
13. NAME Felix F Fauer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berdone France

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Indiana

17. INFORMANT (ADDRESS) Henry C. Bach 9219 Kentucky ave
18. BURIAL, CREMATION, OR REMOVAL PLACE Mound Grove DATE Mar. 14 1939
19. FUNERAL DIRECTOR (ADDRESS) George C. Carson Independence Mo
20. FILED Mch 13, 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to March 11, 1939
I last saw her alive on March, 10, 1939. Death is said to have occurred on the date stated above, at 9:40 P.m.
The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
Anginal Type — 93 P.M.

Date of onset

Other contributory causes of importance: Arteriosclerotic Dementia

Name of operation ..... Date of .....
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? .....
If so, specify .....
(Signed) Paul A. Johnson, M.D.
(Address) 920 Newton

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
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.
V. S. No. 2. 50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)