REC'D MAY 10 1939

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

13936
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson (b) Registration District No. 399
(b) Township Cass (c) Primary Registration District No. 1002 Registered No. 1690
(c) City K.C. (d) Street No. 718 No. Montgall 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 John Trankosch
(a) Residence, No. 718 N. Montgall 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: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Pauline Tranposch
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 1 - 1880
7. AGE: YEARS 59 MONTHS 3 DAYS 29th If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Painter
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): Austria
FATHER
13. NAME: Joseph Tranposch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria
MOTHER
15. MAIDEN NAME: Mary Kobitz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria
17. INFORMANT: Mrs Pauline Tranposch
(ADDRESS) 718 N. Montgall
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem DATE April 21 1939
19. FUNERAL DIRECTOR (NAME) A. P. Boehler
(ADDRESS) 1415 E 15
20. FILED Apr 22, 1939 M. M. Brown
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 12, 1939, to April 20, 1939.
I last saw him alive on April 20, 1939. Death is said to have occurred on the date stated above, at 7:50 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	4-12-39
82 d	
Other contributory causes of importance: Cerebral Hemorrhage	4-14-39

Name of operation None 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? No
If so, specify
(Signed) James Middleton, M. D.
(Address) 724 N. Montgall Ave

(Licensed Embalmer's Statement on Reverse Side)

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.

I X14028

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.