No. 2
11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1980

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1984

Registration District No. FILED FEB 15 1940 156

Primary Registration District No. 4090

Registrar's No. 3

1. PLACE OF DEATH:

(a) County: Cass

(b) City or town: Harrisonville Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of ~~hospital or institution~~: at Home - 604 S Independence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: —
(Specify whether years, months or days)

In this community: — 53

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cass

(c) City or town: Harrisonville Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.: 604 S Independence
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME: Charles Kohntopp

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Ella Kohntopp

6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: Nov (Month) 13 (Day) 1860 (Year)

8. AGE: Years 79 | Months 1 | Days 28 | If less than one day: — hr. — min.

9. Birthplace: Illinois (City, town, or county) — (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: —

MOTHER FATHER

12. Name: Don't Know

13. Birthplace: Germany (City, town, or county) (State or foreign country)

14. Maiden name: Don't Know

15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Lillie McWilliams

(b) Address: 1102 Elmwood Blvd - Kansas City Mo

17. (a) Burial, cremation, or removal: Burial (b) Date thereof: Jan 9 - 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Orient

18. (a) Signature of funeral director: RUNNENBURGER'S

(b) Address: HARRISONVILLE, MO. 845

19. (a) 1/9/40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8 year 1940 hour 6 minute a M.

21. I hereby certify that I attended the deceased from Jan 2 - ~~Jan 8~~, 1940, to Jan 8, 1940 that I last saw ~~him~~ alive on Jan 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage and Hypertension

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations:

Of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Nature of injury:

23. Signature: [signature] (M. D. or other)

Address: Harrisonville, Mo. Date signed: Jan 9

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest Runnenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.