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.

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

FILED FEB 12 1940

Do not use this space.

1. PLACE OF DEATH
County Greene — Registration District No. 317 — File No. 2469
Township Wilson — Primary Registration District No. 5442 — Registered No.
City Springfield, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Stanley Kirby Kauffman - 155
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Kauffman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20-1864
7. AGE 75 YEARS 8 MONTHS 7 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) June 1938
11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reading Penn Bushe County

FATHER
13. NAME William Kirby Kauffman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER
15. MAIDEN NAME Emma Hahn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Howard Kauffman Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazelwood DATE Jan. 29 1940
19. UNDERTAKER (ADDRESS) R. E. Shurman & Co Republic, Mo.
20. FILED Jan 29 1940 Mrs Bertha Nance Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 27 1940
22. I HEREBY CERTIFY, That I attended deceased from Dec-1- 1939, to Jan 27- 1940
I last saw him alive on Jan 26- 1940. Death is said to have occurred on the date stated above, at 10:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of respiratory system	11-39

Other contributory causes of importance: JZ

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? no
If so, specify
(Signed) E. M. LeCompte, M. D.
(Address) Brookline Sta. Mo.