S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5674

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 899

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7842 Wornall Road 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 43 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 0

(d) Street No. 625 E. Gregory (If rural, give location)

(e) If foreign born, how long in U. S. A.? 47 years years.

3. (a) PRINT FULL NAME Mrs. Emma Muckenfuss 251

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred J. Muckenfuss 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased May 14, 1878 (Month) (Day) (Year)

8. AGE: Years 61 | Months 9 | Days 12 | If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country) 7

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Ernst Bechtold 6
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace (City, town, or county) Germany (State or foreign country) 6

16. (a) Informant Fred J Muckenfuss
(b) Address 625 E. Gregory

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Feb. 28, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Crematory

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 W. 42nd St., K.C., Mo.

19. (a) 2-28-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26, year 1940 hour 9 minute 10 P M.

21. I hereby certify that I attended the deceased from Feb 26/40, 19__ to Feb 26 1940 that I last saw her alive on Feb 26, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	3 days
Due to Influenza	6 da
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) Means of injury

23. Signature S. W. Fair MD (M. D. ~~or other~~)
Address 404½ W 75 St K C Mo Date signed 2/27/40

(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 Clarence W Chiles

Licensed Embalmer No. 3473

P. O. Address 76 C Mo

404 1/2 W. 75 St

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.