

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9883
Registrar's No. 1317

Registration District No. 399

Primary Registration District No. 1002

I. 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: 600 Methodist - Bldg 7
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 (Specify whether
In this community 15 Years
years, months or days)

8. (a) PRINT FULL NAME Mr. James Frederick Kassler

8. (b) If veteran, name war No 8. (c) Social Security No. 486-05-7558

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

6. (b) Name of husband or wife Mrs. Myra Kassler 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased August 18 1913
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>7</u>	<u>4</u>	hr. min.

9. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Draftsman

11. Industry or business Jones-Hettelsater Constr. Co.

MOTHER FATHER { 12. Name John J. Kassler
18. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Lillian M. Edwards
15. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jas. F. Kassler
(b) Address Shelton Hotel 9th Street

17. (a) Burial (b) Date thereof March 26, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director J. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) Mch 25, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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")
(d) Street No. 2731 Campbell Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1940 hour 5 minute 35 P.M.

21. I hereby certify that I attended the deceased from _____, 1932 to _____, 1939;
that I last saw him alive on about Nov 10, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Intubation

Due to Arteriosclerosis 19 years

Due to Rheumatic Fever 20 years

Other conditions (include pregnancy within 3 months of death)
Co.

Major findings: Of operations _____

Of autopsy Arteriosclerosis & very large heart

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature J. W. S. ... (M. D. or other)
Address 450 1/2 Main Date signed 3/23/40

Duration

?

19 years

20 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

H. Newcomer Jr.

Licensed Embalmer No. 4043

P. O. Address. *R. C. Mo.*

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.