

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17583**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2110**

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:
1817 East 75th Street Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
In this community 31 Years
years, months or days (Specify whether)

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. 1817 East 75th Street Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A. --- years.

3. (a) PRINT FULL NAME Miss Matilda Lillian Imhof

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased February 17 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 3 4 hr. min.

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

10. Usual occupation Principal

11. Industry or business John J. Pershing School

12. Name John Frederick Imhof

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

14. Maiden name Matilda Magdalena Tribbe

15. Birthplace Wheeling West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Bertie Imhof

(b) Address 1817 E 75th Street

17. (a) Burial (b) Date thereof May 23, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) May 22, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st
year 1940 hour Before 7 minute A. M.

21. I hereby certify that I attended the deceased from April 19 1940 to May 21 1940
that I have examined the body and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Fibrous Myocarditis
Due to Coronary Atherosclerosis
Due to Chronic Myocardial Infarction
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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 ---
23. Signature Paul W. Jones (M. D. or other)
Address --- Date signed ---

Duration

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. 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.