

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17691
Registrar's No. 2218

Registration District No. 399 Primary Registration District No. 1002

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:
1720 East 47th Street Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Unknown
years, months or days)

8. (a) PRINT FULL NAME Mrs. Katherine Hossfeld

8. (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 Widowed
6. (b) Name of husband or wife Mr. Henry Hossfeld 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 4 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Frederick Becker
18. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Catherine
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Lanister
(b) Address 1720 E. 47th Terrace

17. (a) Burial (b) Date thereof May 31, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

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

19. (a) May 30, 1940 (b) M. M. Crowe
(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 limit, write "RURAL")
(d) Street No. 1720 East 47th Street Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th
year 1940 hour 11 minute 25 P. M.
21. I hereby certify that I attended the deceased from March 7, 1936
19____ to May 28, 1940;
that I last saw her alive on 5-28, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 12 hr.

Due to Myocardial Infarction {10 yr.
Due to Myocardial Infarction of Coronary Arteriosclerosis more
Other conditions _____
(Include pregnancy within 3 months of death) 950

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? _____

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

23. Signature Harold M. Roberts (M. D. or other) M.D.
Address 1103 Grandan, K.C.M.I. Date signed 5-29-40

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address D.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.