No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Filed MAR 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5823

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 595

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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: K.C.General Hosp.No.1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 5

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1210 Jefferson
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ALFRED BOBKHAHN

3. (b) If veteran, name war World War I 1462317

3. (c) Social Security No. Unknown 1/71

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced — 9

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years about 52 | Months | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Unknown

FATHER
12. Name Unknown 9
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Records K.C. General Hosp
(b) Address KC Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/13/41 (Month) (Day) (Year)
(c) Place: burial or cremation Wadsworth, Kans

18. (a) Signature of funeral director R.E. Snow
(b) Address 2315 Linwood Blvd.

19. (a) 2/10/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7th
year 1941 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from 2-4-41, 19__, to 2-7-41, 19__;
that I last saw him alive on 2-7-41, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 0

23. Signature Duncan L. Thorn (M.D. or other)

Address Med. Dir. K.C. Gen. Hospital Date signed

(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 R. C. Snow

Licensed Embalmer No. 2560

P. O. Address 2315 Linwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.