

No. 2
-1-4-41
5-17-39
K 26390

DEPARTMENT OF COMMERCE
OFFICE OF THE REGISTRAR

APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9797
Registrar's No. 1206

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:
1553 Colorado
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
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")
(d) Street No. 1553 Colorado
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Larry Kenneth Bachtel
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 24
year 1941 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from 3/23/41
to 3/24/41
that I last saw him alive on 3/23/41
and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced No
6. (b) Name of husband or wife No
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: March 9, 1940
(Month) (Day) (Year)

Immediate cause of death: Bi. Latral Pneumonia
Duration 3 days
Due to Fever - lasting about 2 wks
Due to _____
Other conditions mal-nutrition
(Include pregnancy within 3 months of death)

8. AGE: Years 1 Months 0 Days 15
If less than one day _____ hr. _____ min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
None

10. Usual occupation None
11. Industry or business _____
12. Name Kenneth Bachtel
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Eulalia Westhoff
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Kenneth Bachtel
(b) Address 1553 Colorado
17. (a) Burial (b) Date thereof March 25, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

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?
361 (Specify type of place) _____
While at work? _____ (e) Means of injury 2

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address 2825 Independence Blvd. K. C. Mo.
19. (a) 3/25/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

23. Signature Olaf Salomon (M.D. or other) DD
Address 6042 E. 15 St. Date signed 3/24/41

(Licensed Embalmer's Statement on Reverse Side)

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

18
23
28

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.....

Licensed Embalmer No. 3639

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, fact should be so stated above.