

No. 2  
-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23990  
2529  
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 2809 East 8th Street  
(d) Length of stay: In hospital or institution 37 years /  
In this community 37 years /

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 2809 East 8th Street  
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME Mrs. Dora Kaufman  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 3 year 1941 hour 2 P.M.

4. Sex Female  
5. Color or race white  
6. (a) Single, widowed, married, divorced, widow  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased: September 29, 1860

21. I hereby certify that I attended the deceased from 4/1 - 1941 to 8/3 1941 that I last saw her alive on 7/2 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia  
Duration 3 days  
Due to: Myo carditis acute  
Other conditions: +10  
Major findings: 107  
Of operations:  
Of autopsy:

8. AGE: Years 80 Months 9 Days 31  
9. Birthplace: Iowa  
10. Usual occupation: At home

PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business  
12. Name William Tegtmeier  
13. Birthplace Germany  
14. Maiden name Don't know  
15. Birthplace Germany  
16. (a) Informant Edward W. Kaufman  
(b) Address 819 East 48th Street  
17. (a) Burial (b) Date thereof 7-5-1941  
(c) Place: burial or cremation Forest Hill  
18. (a) Signature of funeral director Freeman Mortuary  
(b) Address 104 West 42nd Street  
19. (a) 7-4-41 (b) M. M. Brown

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?  
(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 D.R. Russell (M. D. or other) D  
Address 3271 E. 11 St. Date signed 7/4/41

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

8  
3  
8

3011 Grandhollow Lane

**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 Clarence H. Phillips  
Licensed Embalmer No. 3473  
P. O. Address Keene

**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.**