No. 2
4-13-40
5-17-39
I X23159

48
3
8

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23993
Registrar's No. 2532

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: On Side Walk in Front 2400 E. 27
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 52 Years 3
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 2635 Olive
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Arthur Bernard Disselhoff
3. (b) If veteran, name war World War
3. (c) Social Security No. 702-07-7752
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mrs. Josie E. Disselhoff
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased June (Month) 14 (Day) 1889 (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	0	19	hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Locomotive Inspector
11. Industry or business Frisco Rail Road
FATHER
12. Name Bernard Disselhoff
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emma Merwin
15. Birthplace Pa. 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Josie E. Disselhoff
(b) Address 2635 Olive St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-41 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Missouri
19. (a) 7-5-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd year 1941 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw him alive on ....., 19....; and that death occurred on the date and hour stated above.

Deputy Coroner

	Duration
Immediate cause of death	
Acute myocardial infarction	
Due to Coronary sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94a	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Orlando B. Buhler (M. D. or other) 2
Address K. C. Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

JUL 12 1941
AUG 4 1941
AUG 18 1941

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 A. R. Hauschild

Licensed Embalmer No. 4159

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.