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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37294

State File No. \_\_\_\_\_

Registrar's No. **4088**

**DEC 22 1941** 399

Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**

(a) County \_\_\_\_\_

(b) City or town **Kansas City**

(c) Name of hospital or institution **St. Joseph's Hospital**  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution **5 Weeks**  
(Specify whether \_\_\_\_\_)

In this community **68 Years**  
years, months or days)

3. (a) PRINT FULL NAME **OTTO DAVID KOLB**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **490-16-3845**

4. Sex **0 Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Susan** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **April 16, 1873**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>68</b>	<b>6</b>	<b>15</b>	hr. _____ min.

9. Birthplace **Missouri** **0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Night Watchman**

11. Industry or business **Perky Bros. Transfer**

12. Name **Wm. Kolb**

13. Birthplace **Germany** **A**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Ireland** **A**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. William Gibson**

(b) Address **5609 Saida**

17. (a) **Burial** (b) Date thereof **Nov. 4, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Mary's**

18. (a) Signature of funeral director **C. H. BLACKMAN & SON, INC.**

(b) Address **2825 Indep. Blvd. N. C. Mo.**

19. (a) **11/3/41** (b) **M. M. Cross**  
(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 limits, write "RURAL")

(d) Street No. **8610 Thompson**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **1**  
year **1941** hour **6** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **9/7/41** 19 **41** to **11/1** 19 **41**;  
that I last saw him alive on **11/1** 19 **41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis Chronica**

Due to **Ca. Liver**

Due to **46**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy: **alone**

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 **Stellman** (M. D. or other) **MD**

Address **10309 Indep Av** Date signed **11/3/41**

*Dr. Williams*

**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 *Dixon L. Kelsey*

Licensed Embalmer No. *4225*

P.O. Address *Independence, 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.**