S. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5178
Registrar's No. 730

Registration District No. 329
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: St Marys Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Days x (Specify whether
In this community 16 Days x years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson 999
(c) City or town Lenexa (Rural) 14 (If outside city or town limits, write "RURAL")
(d) Street No. 2 miles south of Lenexa Kas R F D * Olathe # 2 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Loy Fredrick Ahlenstorf
3. (b) If veteran, name war None.
3. (c) Social Security No. None.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth Maxine Ashenstorf
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased March (Month) 9 (Day) 1916 (Year)

8. AGE: Years 25 Months 11 Days ~~21~~ 11 If less than one day hr. min.

9. Birthplace Johnson County (City, town, or county) / Kansas (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Fred Ahlenstorf
13. Birthplace (City, town, or county) 4 Germany (State or foreign country)
MOTHER
14. Maiden name Edna Graham
15. Birthplace Johnson Co Kansas (City, town, or county) / (State or foreign country)
16. (a) Informant Mrs Loy Ahlenstorf
(b) Address Olathe Rte #2
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2- (Month) -42 (Day) (Year)
(c) Place: burial or cremation Lenexa Kansas
18. (a) Signature of funeral director H. E. Julien
(b) Address Olathe Kas
19. (a) 2/12/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 20 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 2-3-42, 19, to 2-20-42, 19; that I last saw him alive on 2-19-42, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic interstitial nephritis	years
Due to Hypertension	years
Due to Infantile kidneys	
Other conditions (Include pregnancy within 3 months of death)	

1318

Major findings:
Of operations
Of autopsy Same as above

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 C W Jones MD (M. D. or other)
Address 133 E. Park, Olathe, Ks Date signed 2-20-42

(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 H. E. Julian

Licensed Embalmer No. 2047

P. O. Address Olathe Kas.

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.