

**FILED** MAR 3-24-42  
1942 99

pgb

STANDARD CERTIFICATE OF DEATH

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

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

Primary Registration District No. 1002

Registrar's No. 735

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:  
111 North Bellair /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 22 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 111 North Bellair  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19  
year 1942 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from  
Oct. 2, 1941 to Feb. 2nd, 1942  
that I last saw him alive on Feb. 18th, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration Immediate  
Due to arteriosclerosis (General) 10 yrs.  
with associated hypertension approx.  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)  
830

Major findings:  
Of operations \_\_\_\_\_  
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: None  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence Feb. 19, 1942  
(c) Where did injury occur? 1 (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 J. J. Pocsik (M.D. or other) DO  
Address 5922 St. John Ave. Date signed 2/19/42

3. (a) PRINT FULL NAME Albert Wilson Laffler

3. (b) If veteran, name war Spanish American 3. (c) Social Security No. 495 09 6033

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

6. (b) Name of husband or wife Allie M. Laffler 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Feb 17 1867  
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation night Watchman

11. Industry or business W.P.A.

12. Name Joe Laffler

13. Birthplace No record  
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant Allie M. Laffler  
(b) Address 111 North Bellair

17. (a) Burial (b) Date thereof 2-23-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn  
(a) Signature of funeral director Mrs. C. L. Forster  
(b) Address Kansas City, Mo.

19. (a) Feb 22 1942 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

*M.C.*

MAR 12 1942

MAR 10 1942

*Prescott  
5902 St. Paul  
Ch 4062*

**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 *me*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Dwight C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *H. 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.**