

FILED APR 25 1942
Registration District No. **379**

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: **Kansas City General Hospital** **0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days** (Specify whether years, months or days)
In this community **37 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **048**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **2615 Kensington** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **D**

3. (a) PRINT FULL NAME **Ananias Kauffman**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **496-09-3821**

4. Sex **Male** **0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Emma Kauffman** 6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **May** **14** **1872**
(Month) (Day) (Year)

8. AGE: Years **69** Months **1D** Days **2D** If less than one day hr. _____ min. _____

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

10. Usual occupation **W.P.A. Worker**

11. Industry or business **Same**

MOTHER FATHER { 12. Name **Joseph Kauffman**
13. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Emma Kauffman**
(b) Address **2615 Kennsington St.**

17. (a) **Burial** (b) Date thereof **4/7/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mound Grove**

18. (a) Signature of funeral director **Rose & Henderson**

(b) Address **15th & Jackson St.**

19. (a) **4-7-42** (b) **M. M. Browne**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **4th**
year **1942** hour **3** minute **05** P. M.

21. I hereby certify that I attended the deceased from **April 1st** **1942** to **April 4th** **1942**
that I last saw him alive on **April 4th, 1942** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Uncontrolled Diabetes mellitus with with diabetic gangrene of right foot**

Due to _____

Due to **61**

Other conditions (Include pregnancy within 8 months of death)

Major findings: Of operations _____
Of autopsy **None**

Duration _____
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 **Dwight R. Horn** (M. D. or other) **0**
Med. Dir. K.O. General Hospital **4-6-42**
Address _____ Date signed _____

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

488
0308

me

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.....

G. E. Henderson

Licensed Embalmer No. *3657*

P. O. Address.....

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.