V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1942

Registration District No. 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26415

Primary Registration District No. 1002

Registrar's No. 3247

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: 5400 Woodland Avenue (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---------- (Specify whether
In this community 50 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 5
(d) Street No. 5400 Woodland Avenue (If rural, give location) 8
(e) Citizen of foreign country? Nat'l'zd U.S. Citizen (Yes or No)
If yes, name country Born Dresden Germany

3. (a) PRINT FULL NAME Mr. Rudolph Emil Jahr

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 Mrs. Alice M. Jahr

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July (Month) 3 (Day) 1870 (Year)

8. AGE: Years 72 Months 1 Days 26 If less than one day ____ hr. ____ min.

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

10. Usual occupation Musician (Retired 1 Year)

11. Industry or business Municipal Band

MOTHER FATHER
12. Name Frank A. Jahr
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Christen Von Haufstein
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Alice M Jahr
(b) Address 5400 Woodland Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 1, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director D. W. Muromuisa Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 8-31-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29 year 1942 hour 10 minute 55P. M.

21. I hereby certify that I attended the deceased from 4/15, 1942, to 8/29, 1942, that I last saw him alive on 8/29, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chron. Myocarditis	1 year
Due to: A.F.D.	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

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: —
(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? — Means of injury —

23. Signature J. B. Phillips (M. D. or other)
Address 900 Rialto Bldg. Date signed 8/31/42

(Licensed Embalmer's Statement on Reverse Side)

HB

900. Realty Bldg.
12-3-30

Mr John

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 C Newcomer Jr

Licensed Embalmer No. 4043

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.