

S. No. 2
M-5-42
7. 5-17-39
V1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39789

State File No.

FILED DEC 20 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4651

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution K.C. General Hospital No. 1
(d) Length of stay: In hospital or institution 24 days
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3252 East 29th St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

Walter Kaegi

(b) If veteran, name war No

(c) Social Security No. None

4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Anna Kaegi
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased May 15 1867

8. AGE: Years 75 Months 7 Days 26

9. Birthplace Switzerland

10. Usual occupation Retired Electrician

11. Industry or business No Record

MOTHER FATHER {
12. Name " "
13. Birthplace " "
14. Maiden name " "
15. Birthplace " "

16. (a) Informant Mrs. Anna Kaegi
(b) Address 3252 East 29th St.

17. (a) Burial (b) Date thereof 12-14-42
(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 12-14-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11th
year 1942 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from 11-17-42 to 12-11-42
that I last saw him alive on 12-11-42
and that death occurred on the date and hour stated above.

Immediate cause of death: Interteleocharteric fracture rt. femur fall in home on 11-9-42 with hypostatic pneumonia

Due to pneumonia
Other conditions: 10/6 15
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy: None

Duration
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) Acc
(b) Date of occurrence 11-9-42
(c) Where did injury occur? G. Jackson Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
While at work? Means of injury Fall
23. Signature Drury P. Shore (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital K.C. Mo. Date signed

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

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 *A. R. Hauschild*

Licensed Embalmer No. 4159

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.