

S. No. 2
OM-5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40018

State File No. _____
Registrar's No. 4835

Registration District No. 149

Primary Registration District No. 1002

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

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:
3109 Highland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3109 Highland
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph P. Volbracht
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 19
year 1942 hour 3 minute 5 P. M. M.
21. I hereby certify that I attended the deceased from _____
_____ 19____;

4. Sex male 5. Color or race W.
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____
(Month) (Day) (Year)

that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>Age</u>	<u>82</u>			hr. _____ min.

Immediate cause of death Arteriosclerotic heart disease
Due to _____
Due to 93A

9. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9
10. Usual occupation UNEMPLOYED
11. Industry or business _____

Other conditions (Include present only within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy myeloid leukemia

MOTHER FATHER

12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9

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? _____
While at work _____ (Specify type of place) (e) Means of injury _____

16. (a) Informant Coroner's Office
(b) Address K. C. Mo
17. (a) Burien (Burial, cremation, or removal) (b) Date thereof Dec 26-1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Steinbacher, S
(b) Address 3146 Main St.
19. (a) 12-26-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

23. Signature [Signature] (a) Doctor (b) Other
Address _____ Date signed 12-26-42

10/14/11
11/1/11

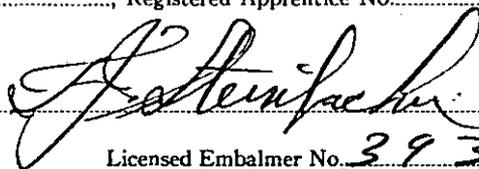
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3930

P. O. Address Ka 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.