

S. No. 2
M-8-43
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10191

State File No.

FILED APR 15 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1470

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days
In this community 50 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5736 Harrison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MISS ESTELLE V. VOEGTLE
(b) If veteran, name war XX
(c) Social Security No. 487-01-9251

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr. day 2nd
51 year 1944 hour 6: minute 15 P. M.

4. Sex Fe 5. Color or race Wh
6. (b) Name of husband or wife November XX
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased November 23 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 4 1944 to April 2 1944
that I last saw h. alive on April 2 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 4 Days 9
If less than one day hr. min.

Immediate cause of death Transition Duration 1 wk
Due to Severely 1700
Due to

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

Other conditions Infection and metastasis of Rt parathyroid gland
(Include pregnancy within 3 months of death)

10. Usual occupation Secretary

11. Industry or business Carter-Bloxonend Co.

Major findings: Of operations 150
Of autopsy

12. Name John Jacob Voegtle

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

14. Maiden name Christine May

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

16. (a) Informant Mrs. Wm. D. Kann

(b) Address Piedmont, California

17. (a) Burial (b) Date thereof 4-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (c) Signature of funeral director J. H. Wagner
Kansas City, Mo.

(b) Address 4-3-44

19. (a) 4-3-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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?

23. Signature G. L. Gilles (M. D. or other)

Address 1441 1/2 Box 700 Date signed 4/7/44

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

MOTHER FATHER

Over 7/14/14
HA 4525

1 to 5

Over 7/14/14

EXPIRES FEB 27 1950

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 R. P. Harnischfeld

Licensed Embalmer No. 4159

P. O. Address Kansas city 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.