

FILED MAY 25 1944/9  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 2102

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:  
7240 Belleview  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 56 years  
years, months or days

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. 7240 Belleview  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Harry George Pfaffman  
3. (b) If veteran, name war no  
3. (c) Social Security No. 495-07-7703

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 13th  
year 1944 hour 3:30 am M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mrs. Elizabeth A. Pfaffman 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased July 21st 1887  
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 56 Months 7 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Photo Engraver

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? \_\_\_\_\_

11. Industry or business Holland Engraving Co.  
12. Name Henry C. Pfaffman  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Louise Pfaffman  
15. Birthplace Reading, Penn.  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mrs. Elizabeth A. Pfaffman  
(b) Address 7240 Belleview  
17. (a) Burial (b) Date thereof 5-17-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Moriah

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Repts. signed (M. D. or other) \_\_\_\_\_  
Address 1111 N. Belmont Bldg signed 5/17/44

18. (a) Signature of funeral director Freeman Mortuary  
(b) Address 104 West 42nd Street  
19. (a) 5-15-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.**