

FILED JUN 29 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

20472

Registrar's No.

2590

Registration District No. 199

Primary Registration District No. 1002

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:
3518 CHESTNUT AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 WEEKS
In this community. 3 WEEKS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State CALIFORNIA (b) County LOS ANGELES
(c) City or town LOS ANGELES
(If outside city or town limits, write "RURAL")
(d) Street No. 319 EAST 35TH STREET
(If rural, give location)
(e) Citizen of foreign country? YES
If yes, name country GERMANY

3. (a) PRINT FULL NAME MR HENRY BARGFREDE

3. (b) If veteran, name war No
3. (c) Social Security No. 568-20-0441

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased OCTOBER 17 1903
(Month) (Day) (Year)

8. AGE: Years 40 Months 8 Days 1
If less than one day hr. min.

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

10. Usual occupation TOOL GRINDER

11. Industry or business ROBE INC. LOS ANGELES CAL

12. Name HENRY BARGFREDE

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

14. Maiden name ALVINE KNOLL

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

16. (a) Informant MR HERMAN BARGFREDE

(b) Address 3518 CHESTNUT AVENUE

17. (c) REMOVAL (b) Date thereof JUNE 20 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PUEBLO COLORADO

18. (a) Signature of funeral director W. H. Newcomer, Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 6-20-44 (b) W. E. Brown
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 18TH
year 1944 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 4, 1944 to June 18, 1944
that I last saw him alive on June 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Sum of brain

Due to M.M.D.

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy None

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) Means of injury

23. Signature W. E. Brown (M. D. or other)

Address 3518 Indiana Ave Date signed 6-19-44

Duration

Swell

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2-5-7-8

SEP 11 1944

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 *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *K. E. M.*

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.