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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1945

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40199

Primary Registration District No. 1002

Registrar's No. 5288

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: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 37 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7 West 62nd St. 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MRS. ADA F. KAUFMANN

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Charles H. Kaufmann

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

7. Birth date of deceased October (Month) 27 (Day) 1863 (Year)

8. AGE: Years 82 | Months 1 | Days 27 | If less than one day ___ hr. ___ min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Alfred Howison
13. Birthplace Alexandria (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Edith Beavers
15. Birthplace Lynchburg (City, town, or county) Virginia (State or foreign country)

16. (a) Informant John Murphy
(b) Address 7 West 62nd St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

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

19. (a) 12-27-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24th year 1944 hour 4 minute 08 P.M.

21. I hereby certify that I attended the deceased from Deputy, 19__, to Coroner, 19__; that I last saw h__ alive on __, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Fr. R. hip
Bronchial pneumonia
Due to fall at 7 W 62
Due to
Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy See above

Duration

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) accident 123

(b) Date of occurrence 12/21/44

(c) Where did injury occur? 7 W 62 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury fall

23. Signature J H Owens (M. D. or other)

Address R C Mo Date signed 12/25/44

(Licensed Embalmer's Statement on Reverse Side)

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 Alvin R Hinnschel

Licensed Embalmer No. 4159

P. O. Address 15 E 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.