

FILED MAY 20 1947

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2061

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:
324 W. 12th. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 4 hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Garden City
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Jesse M. Kauffman

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased. Feb. 4 1876
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 4 If less than one day hr. min.

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

10. Usual occupation Mortician

11. Industry or business Funeral Home.

12. Name Christianer Kauffman

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

14. Maiden name Barbara Hooley

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

16. (a) Informant Anna Kauffman

(b) Address Garden City, Missouri

17. (a) Removal (b) Date thereof 5-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garden City, Mo.

18. (a) Signature of funeral director Zwick & Tobin

(b) Address 20 W. Lincoln, Kansas City, Mo.

19. (a) 5-9-47 (b) St. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1947 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from February 10, 1947 to May 8, 1947
that I last saw him alive on May 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Vascular Disease

Other conditions X
(Include pregnancy within 3 months of death)
Major findings: 94a
Of operations X
Of autopsy X

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)
(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? 0

(Specify type of place)
While at work? (e) Means of injury
Signature Frank B. Ellis (M. D. or other) M.D.
Address Ellis Building Garden City Missouri Date signed May 8, 1947

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

MOTHER FATHER

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 Howard W. Farmer

Licensed Embalmer No. 4134

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.

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