

S. No. 2
 OM-2-43
 v. 5-17-39
 P-1 X35697

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED OCT 11 '947
 Registration District No. 749

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31287**
 Registrar's No. **4109**

Primary Registration District No. 1002

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

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:
3204 Flora
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution NO.
(Specify whether
 In this community 67 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. 3204 Flora
(If rural, give location)
 (e) Citizen of foreign country? NO.
(Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME Charles Traugott Kornbrodt

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month September day 29
 year 1947 hour 6:15 minute A. M.

3. (b) If veteran, name war NO. 3. (c) Social Security No. 494-14-8428

21. I hereby certify that I attended the deceased from Sept 19, 1947
 to Sept 29, 1947
 that I last saw him alive on Sept 28, 1947
 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. Louise Long Kornbrodt 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased December 10 1860
(Month) (Day) (Year)

Immediate cause of death
Coronary thrombosis
weir
 Due to Chronic nephritis

8. AGE: Years 86 Months 9 Days 19 If less than one day hr. min. 4

Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations 1318
 Of autopsy _____

9. Birthplace Germany
(City, town, or county) (State or foreign country)
Sheet Metal Contractor

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?
(Specify type of place)

10. Usual occupation _____

11. Industry or business X
 12. Name John Friedrich Kornbrodt
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Christine Margaret
(City, town, or county) (State or foreign country)
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Long Kornbrodt
 (b) Address 3204 Flora, Kansas City, Mo.

17. (a) burial (b) Date thereof 10-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Maria's Cem.

18. (a) Signature of funeral director Stine & McClure
 (b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-29-47 (b) Staldine Holmer
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature St. Charles (M. D. or other) MD
 Address 1014 W. 11th St. Bldg Date signed 9/29/47

Mr. Trippe
Angela Bluff

Dr. Trippe

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 *J. Blair Sheppard*
Licensed Embalmer No. *4179*
P. O. Address *K. C. 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.