

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30614
Registrar's No. 3798

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON MO	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 4 YEARS		d. STREET ADDRESS (If rural, give location) 3423 EUCLID AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) CHRIS ERNEST TESTORFF			4. DATE OF DEATH (Month) (Day) (Year) AUG. - 31 - 1949			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE - 9 - 1895	9. AGE (In years last birthday) 54 YRS.	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN		10b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED		11. BIRTHPLACE (State or foreign country) TRIPOLI, IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME LOUIS TESTORFF		13b. MOTHER'S MAIDEN NAME ANNA MEYERS		14. NAME OF HUSBAND OR WIFE NOLA TESTORFF	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR I		16. SOCIAL SECURITY NO. 487-01-0332		17. INFORMANT'S SIGNATURE OR NAME ADDRESS NOLA TESTORFF 3423 EUCLID AVENUE KANSAS CITY, MO.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Enccephalomalacia - left temporal-frontal area brain		ANTECEDENT CAUSES DUE TO (b) Cerebral hemorrhage			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Hypertension			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Pathologist , to _____, 19____, that I last saw the deceased <input checked="" type="checkbox"/> alive on _____, 19____, and that death occurred at 11:30 P.M. , from the causes and on the date stated above.					

23a. SIGNATURE F. P. Niedermeyer (Degree or title) M.D.		23b. ADDRESS 5910 McRae, N.C., Mo.		23c. DATE SIGNED 8-31-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT. 3 - 1949		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Mumford's Sons 1331 BRUSH CREEK BLVD KANSAS CITY, MO.			
DATE REC'D BY LOCAL REG. 9-3-49		REGISTRAR'S SIGNATURE Sheraldine Holmes			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 8 1958

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Bernard A. Goran

Licensed Embalmer No. 4250

P. O. Address: A. 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.