WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH U.S.V.Hosp. #67
County Jackson — Registration District No. 399 — File No. 40697
Township Kaw — Primary Registration District No. 1002 — Registered No. 5012
City Kansas City, Mo. (No. U S Vet. Hosp St. Ward)

2. FULL NAME SANDEFFER, Hubert — C-None — WOE
(a) Residence. No. 521 Liberty St. St., Ward. Co D 29th M C Rn.
(Usual place of abode) Topeka, Kansas. (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Flossie Sandeffer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 17, 1897

7. AGE: Years 31 — Months 8 — Days 24 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Printer Instructor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

PARENTS
10. NAME OF FATHER: John Sandeffer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Meredosia, Illinois.
12. MAIDEN NAME OF MOTHER: Maggie Miller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT (Address): Flossie Sandeffer (wife), 521 Liberty St. Topeka, Kansas.

15. FILED 12/12, 1928 M. M. Crowe, Assn. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): December 11 1928

17. I HEREBY CERTIFY, That I attended deceased from November 8, 1928, to Dec. 11, 1928, that I last saw him alive on December 11, 1928, 5:20 P.M., and that death occurred, on the date stated above, at ___ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis, chronic Interstitial 121
1 yr or more.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): V.H.D. Mitral Stenosis
1 yr or more.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical exam. & Lab findings.
(Signed) [signature] V.H. Chambers, Medical Officer in Charge U.S.V. Hospital, Kansas City, Missouri.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Topeka Kan — DATE OF BURIAL: 12/12 1928

20. UNDERTAKER: The Taylor Funeral Home Inc — ADDRESS