

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

Do not use this space.

MAY 15 1937

15301

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kan Primary Registration District No. 1002  
City Kansas City (No. K.C. Gen. Hosp)

File No. \_\_\_\_\_  
Registered No. 1817  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John Bessenbacher

(a) Residence, No. 3422 Anderson St. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Bessenbacher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-30-1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
25 5 16

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Watch make

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Julius Bessenbacher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Bertha Samenfried

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tex

17. INFORMANT (ADDRESS) Beina Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Final Rest DATE 4-19-37

19. UNDERTAKER (ADDRESS) Mrs. S. S. Foster

20. FILED Apr 19 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-8-1937 to 4-16-1937

I last saw him alive on 4-16-1937 Death is said

to have occurred on the date stated above, at 11:20 am

The principal cause of death and related causes of importance were as follows:

Multiple Abscess of Lung - Nye Tuberculosis - Fulminating Bronchopneumonia

Other contributory causes of importance: 107a

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) O. J. De Maria, M. D.  
(Address) Sup't. K.C. Gen. Hosp

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

WHITE PRINTING WITH IMPROVED INK--THIS IS A PERMANENT RECORD

