

REC'D MAY 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

13671

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1651
 (c) City Kansas City (d) Street No. 1320 West 50th
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

EMIL HENRY BACHMAN 255
 (a) Residence, No. 1320 West 50th St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Frances Smith Bachman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 28, 1874

7. AGE YEARS 63 MONTHS 4 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 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) Missouri13. NAME J. Gustave Bachman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zurich Switzerland15. MAIDEN NAME Matilda Tollman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Missouri17. INFORMANT Mrs. Frances Smith Bachman (wife)
(ADDRESS) 1320 West 50th, Kansas City, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Colmaud DATE 4-20 193819. FUNERAL DIRECTOR Stine & McClure
(ADDRESS) Kansas City, Missouri20. FILED Apr 19, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 20, 1937, to April 18, 1938
 I last saw him alive on April 18, 1938. Death is said to have occurred on the date stated above, at A. m. 2:20
 The principal cause of death and related causes of importance were as follows:

Cerebral ThrombosisDate of onset
April 18, 1938

Other contributory causes of importance:

Coronary sclerosis
Auricular fibrillationOct. 1937
Oct. 1937Name of operation none Date ofWhat test confirmed diagnosis? Phys. Exam. Was there an autopsy? no23. 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 none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? noIf so, specify _____ (Signed) Graham Acker, M. D.(Address) 1220 Prof. Bldg.

Handwritten signature

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.
Signed.....

..... Licensed Embalmer No.....

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.)