

REC'D NOV 18 1938

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

35917

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Township Blue Primary Registration District No. 5554 Registered No. 291
(c) City K.-C.-Mo. (d) Street No. 43rd & Blue Ridge Cut-Off st.
(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

John J. Puhr
(a) Residence, No. 43rd & Blue Ridge St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary Puhr
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1862
7. AGE YEARS 76 MONTHS 8 DAYS 8 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Austria

FATHER 13. NAME John Puhr

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

MOTHER 15. MAIDEN NAME Anna Hofer

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

17. INFORMANT (ADDRESS) Mrs. Rose Mitts
43rd & Blue Ridge

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Mary's DATE Oct. 24, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. Wagner
Kansas City, Mo.

20. FILED 10-24-38 J. L. Cook Local Registrar

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

22. I HEREBY CERTIFY That I attended deceased from Oct 18th 1938 to Oct 21st 1938, 1938
I last saw h. alive on Oct 21st 1938 Death is said to have occurred on the date stated above at 9:45 m. am

The principal cause of death and related causes of importance were as follows:
Hypostatic Pneumonia Date of onset Oct 19-1938
(Lobar = Acute)

Other contributory causes of importance: Senility

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1938
Where did injury occur? None
(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 None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) J. M. O'Connell, M. D.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.

M. Liberty