

1748 SEP 6 1939

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

28158
Do not use this space.

Registered No. 3160

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City 1 (d) Street No. 3437 Bales 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

Everett M. Ahaltz
(a) Residence, No. 3437 Bales 3 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-26-1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 0 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Restaurant
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) Terre Haute Ind

13. NAME Wm Ahaltz

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

15. MAIDEN NAME Elizabeth Gimmig

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

17. INFORMANT Everett Ahaltz
(ADDRESS) 3437 Bales

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hill DATE 8-12-39

19. FUNERAL DIRECTOR (NAME) Our Mass Home
(ADDRESS) 3146 Main

20. FILED 8/10 1939 M. M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10-1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to Aug. 10, 1939
I last saw him alive on Aug. 10, 1939. Death is said to have occurred on the date stated above, at 10 am.
The principal cause of death and related causes of importance were as follows:

Terminal Bronchial Pneumonia about Aug. 7.
HA

Other contributory causes of importance: Carcinoma of lung, several years standing.

Name of operation _____ Date of _____
What test confirmed Prothrombin as there an autopsy? _____

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? no
If so, specify _____
(Signed) R. D. [Signature], M. D.
(Address) 265 W. [Address]

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—THIS IS A PERMANENT RECORD

Dr. R. O. Bagby
1114 Broadway
3426 Louisiana
New Orleans, La. 70119
Lic 7813
6483

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.