

AUG 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24055**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2665**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
K.C. General Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether)
 In this community 28 Years.
years, months or days)

3. (a) PRINT FULL NAME JANNIE D. PFAFF
8. (b) If veteran, No.
3. (c) Social Security No. 486-10-6066

4. Sex Female **5. Color of race** White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Pfaff **6. (c) Age of husband or wife if alive** 71 years

7. Birth date of deceased Aug. 9th, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	10	22	hr. min.

9. Birthplace Scotland
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife & Garment Worker

11. Industry or business

MOTHER FATHER
12. Name Andrew Wilson
13. Birthplace Scotland
(City, town, or county) (State or foreign country)
14. Maiden name No Record Muehr
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Henry Pfaff,
(b) Address 3115 Montgall, K.C.Mo.

17. (a) Burial (Date thereof) July 3rd 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn A venue, K.C.Mo.

19. (a) July 2, 1940 (Date received local registrar) **(b)** M. M. Crow (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits write "RURAL")
 (d) Street No. 3115 Montgall
(If rural, give location)
 (e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
 year 1940 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from 6-26-40, 19 , to 7-1-40, 19 ;
 that I last saw him alive on 7-1-40, 19 ;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pyelonephritis, left
 Duration

Due to
 Due to

Other conditions Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy None

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Wiley R. Show (M. D. or other)
 Address Med. Dir. K.C. Gen. Hosp., K.C.Mo. Date signed
(Specify type of place) (e) Means of injury

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.....

Denzil C. Browning

Licensed Embalmer No. *2724*

P. O. Address. *H. C. Mo*

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.