

JAN 3 1941

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

Do not use this space.

41604

1. PLACE OF DEATH

County Jackson
Township Kaw
City K.C. Mo

Registration District No. 399
Primary Registration District No. 1002

File No. 4997
Registered No. _____

(No. Delora Home-522 Benton Blvd. St. _____ Ward)

2. FULL NAME Mrs. Maggie Pfleger (Mrs. Maggie Pfleger)

(a) Residence, No. 522 Benton St. Ward. 9
(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30th 1940

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William O Pfleger

22. I HEREBY CERTIFY That I attended deceased from Dec 26th 1940, to Dec 30th 1940

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1848

I last saw him alive on Dec 30th 1940 Death is said to have occurred on the date stated above, at 8:50 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 8 7

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
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

Bronchial pneumonia
myocard degeneration
Date of onset three days ago

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Loraine 7

13. NAME Fred Pfleger 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Loraine, France 7

15. MAIDEN NAME Unknown

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

17. INFORMANT M. M. Brown (ADDRESS) 3028 East 6th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Highway DATE Jan 1, 1941

19. UNDERTAKER Wagon & Mendenhall (ADDRESS) Highway

20. FILED 12-30-40 M. M. Brown Registrar.

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis Cholera 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 3

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Dr. D. D. Ramsey M. D. (Address) 3028 East 6th St

Phone Ch 5391

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

