

FILED FEB 11 1942

State File No.

Registration District No. 377

Primary Registration District No. 1000

Registrar's No. 147

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

1. PLACE OF DEATH

(a) County Jackson
 (b) City or town Kan City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Research Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)
 In this community 6-7 months

3. (a) PRINT FULL NAME Inf John King Vahl
 (b) If veteran, name war No (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 10-1941 years
 7. Birth date of deceased July 10-1941
(Month) (Day) (Year)

8. AGE: Years 6 Months 6 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Kan City - Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Harry Vahl
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Lett
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Vahl
 (b) Address 4335 L Norton
 17. (a) Removed (b) Date thereof 1-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Collins, Mo.

18. (a) Signature of funeral director Benson Funeral Home
 (b) Address 4306 Mill Creek Pt.
 19. (a) 1-12-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 4335 Norton Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
 year 1942 hour 7 minute 30 p. M.

21. I hereby certify that I attended the deceased from Jan 6 to Jan 11, 1942
 that I last saw him alive on Jan 11, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia meningitis 7 da
 Due to Acute Otitis media
 Due to Acute Toxic pharyngitis

Other conditions 890
(Include pregnancy within 3 months of death)

Major findings: Of operations 890
 Of autopsy Only had autopsy
Pneumonia meningitis - Otitis media

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? ✓

While at work? ✓ (Specify type of place) _____
 (e) Means of injury _____
 23. Signature M. M. Brown (M. D. or other) _____
 Address 4306 Mill Creek Pt. Date signed 1/12/42

Duration _____
 Underline the cause to which death should be charged statistically.

W D.D. Edmonds

4800 E-24

Be-5949

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.....

Harry Bergman

Licensed Embalmer No..... *2041*

P. O. Address..... *Kan City, 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, fact should be so stated above.