

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 18 1942
199

Registration District No.

Primary Registration District No. 1002

Registrar's No. 4447

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 2603 Van Brunt /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether
In this community 54 years years, months or days)

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. 2603 Van Brunt (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Mrs. Frieda P. Hackleman

3. (b) If veteran, name war XX 3. (c) Social Security No. NO

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Virgil Hackleman 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased November 14 1888 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 0 15 hr. min.

9. Birthplace Kansas City Mo. O (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Joseph Purmann

13. Birthplace Austria 4 (City, town, or county) (State or foreign country)

14. Maiden name Johanna Kappech

15. Birthplace Austria 4 (City, town, or county) (State or foreign country)

16. (a) Informant Virgil Hackleman

(b) Address 2603 Van Brunt

17. (a) Burial (b) Date thereof 12-2-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director W. Wagner Kansas City, Mo.

(b) Address

19. (a) 12-1-42 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th
year 1942 hour 5: minute 30 P. M.

21. I hereby certify that I attended the deceased from May 1938 to Nov 30 1942 that I last saw him alive on Nov. 30th and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis
Due to: Arteriosclerosis
Due to: Cerebral Apoplexy 1939
Other conditions: 131 f
(Include pregnancy within 3 months of death)

Duration

over 4 years ago 6-7 yrs

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) no
(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 J. J. Stephan M. D. (another)
Address 9116 R. Brown Date 12-1-42

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

MOTHER FATHER

463 R

Dec 1-42

VA 3646
1116 E. Lawrence
D. C.

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..... *Cecil R. Mathes*

Licensed Embalmer No. *3807*

P. O. Address..... *Kansas 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.