

FILED JAN 30 1943
199

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 306

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:
Farmer's Lunch / 4713 Troost Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 24 Years
(Specify whether 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. 4713 Troost Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ---

3. (a) PRINT FULL NAME Mr. Carl G. Bachmann
 (b) If veteran, name war No
 (c) Social Security No. 499-18-3867

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 18
 year 1943 hour --- minute --- P. M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife ---
 (c) Age of husband or wife if alive --- years

21. I hereby certify that I attended the deceased from Jan 18, 1943; that I last saw him alive on Jan 18, 1943; and that death occurred on the date and hour stated above.
 Immediate cause of death Artery sclerosis
Chronic myocardial infarct
 Due to 94a

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>9</u>	<u>9</u>	<u>---</u> hr. <u>---</u> min.

Due to ---
 Due to ---
 Other conditions ---
(Include pregnancy within 3 months of death)

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

Major findings of operations ---
 Of autopsy See above
 PHYSICIAN ---
 Underline the cause to which death should be charged statistically.

10. Usual occupation Dishwasher
 11. Industry or business Farmer's Lunch
 12. Name Gustave Bachmann
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Edith Curtis
 15. Birthplace Warren County Missouri
(City, town, or county) (State or foreign country)

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) Means of injury ---
 23. Signature [Signature] (M. or other) ---
 Address --- Date signed 1/19/43

16. (a) Informant Mrs. H. A. Jensen
 (b) Address 2824 East 79th Street
 17. (a) Burial --- (b) Date thereof Jan. 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial by cremation Floral Hills Cemetery
 18. (a) Signature of funeral director [Signature]
 (b) Address 1401 Brush Creek Blvd.
 19. (a) 1-21-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.....

Park G. Rowe

Licensed Embalmer No.....

2347

P. O. Address.....

K. 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, fact should be so stated above.