

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 740

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH: JACKSON
(a) County Kansas City
(b) City or town Kansas City
(c) Name of hospital or institution: General Hospital
(d) Length of stay: In hospital or institution 1 day
In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town KANSAS CITY
(d) Street No. 706 Westport Road
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FASSLABEND, CHARLES
(b) If veteran, name war NO
(c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEB day 14th
year 1944 hour 5:30 minute A M.

4. Sex Male 5. Color or race W
6. (a) Single, married, divorced married
6. (b) Name of husband or wife Jules Fasslabend
6. (c) Age of husband or wife if alive 75 years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. Regina Coroner, 19____;
and that death occurred on the date and hour stated above.

7. Birth date of deceased: Oct 22, 1861
(Month) (Day) (Year)

Immediate cause of death: Bilateral Bronchopneumonia
Due to _____
Due to _____

8. AGE: 82 Years 3 Months 29 Days
If less than one day _____ hr. _____ min.

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

9. Birthplace: Bronxville, N.Y.
10. Usual occupation: Custodian
11. Industry or business _____

Major findings: _____
Of operations _____
Of autopsy See Above

MOTHER FATHER
12. Name August Fasslabend
13. Birthplace Germany
14. Maiden name Margaret Untertuch
15. Birthplace Germany
16. (a) Informant Mrs. Jules Fasslabend
(b) Address 706 Westport Rd
17. (a) Burial (b) Date thereof 2-16-44
(c) Place: burial or cremation Floral Hills
18. (a) Signature of funeral director D. J. ...
(b) Address _____
19. (a) 2-15-44 (b) _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____ (Specify type of place) _____
23. Signature A. E. ... (M. D. or D. O.)
Address 22 McCoy Date 2/14/44

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.