

FILED APR 15 1944

Primary Registration District No. 1002

Registrar's No. 1506

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:  
LaSalle Hotel, Linwood & Harrison  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 29 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. LaSalle Hotel, Linwood & Harrison  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. SOPHIE BACHMAN

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Charles Bachman

6. (c) Age of husband or wife if alive 29th years

7. Birth date of deceased March 29th 1863  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
that I last saw him Deputy Coroner on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 0 Days 04  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Third degree Burns  
Due to Entire Body

9. Birthplace Frederick Maryland  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business none

Other conditions 181-1  
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name Sol Kingsbaker

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

14. Maiden name Bertha Seifensieder

15. Birthplace Baltimore, Maryland  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy Inspection history

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Simon S. Frohlich

(b) Address 96 Portage Path, Akron, Ohio

17. (a) Burial (b) Date thereof 4-6-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery  
Freeman Mortuary

18. (a) Signature of funeral director 104 west 42nd street

(b) Address 4-5-44

19. (a) D. E. Brown (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 123

(b) Date of occurrence April 3, 1944

(c) Where did injury occur? Kansas City Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work No (Specify type of place) Means of injury Fire

23. Signature D. E. Brown (M. D. or other) M. D.  
Address 23 McCloy Date signed 4/4/44

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

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**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

*Elmer C. Wedelin*

Licensed Embalmer No.

*3495*

P. O. Address

*H. C. 7th*

**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.**