

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 days
(Specify whether 61 years)
In this community 61 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. 2630 Lockridge
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Anna Pflager

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19
year 1947 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 21 1947 to Dec. 19 1947
that I last saw h...er alive on Dec. 19 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Partial intestinal obstruction
Squamous cell cancer of
Due to cervix with metastasis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autops: See above

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? (Specify type of place)
While at work? (c) Means of injury

23. Signature Wm W. Hart (M. D. or other) Wm W. Hart
Address Med. Dir. Gen'l Hosp. Date signed 12-20-47

5. Color or race White
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife August W. Pflager
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept. 3 - 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 16 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Albert Meizer

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

14. Maiden name Anna Schroeder

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

16. (a) Informant Nellie Morgan

(b) Address 2742 McKinley

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Wm C. Foster

(b) Address 918 Brooklyn

19. (a) 12-22-47 (Date received local registrar) (b) Steraldine Holmes (Registrar's signature)

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

MOTHER FATHER

PHYSICIAN

Underline the cause of which death should be charged statistically.

Capner

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.....
..... *Jerry A. Minor*, Registered Apprentice No. *437*
working under my personal supervision.

Signed..... *Robert A. Herrmann*

Licensed Embalmer No. *3709*

P. O. Address. *918 Brooklyn*

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.