

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

4850

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 419

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>2 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>5437 CHARLOTTE STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5437 CHARLOTTE STREET</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>WALKER</u> c. (Last) <u>DERFLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-29-1949</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN-9-1881</u>	9. AGE (In years last birthday) <u>68 YEARS</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 15 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MANAGER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SHAYOON WHOLESALE GROCERY</u>	11. BIRTHPLACE (State or foreign country) <u>HARRISBURGH PENNSYLVANIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>EUHART DERFLER</u>	13b. MOTHER'S MAIDEN NAME <u>CATHERINE NOVINGER</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. BESSIE ANDREWS DERFLER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>486-07-0278</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. BESSIE ANDREWS DERFLER</u> ADDRESS <u>5437 CHARLOTTE KANSAS CITY, MO.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Lymphatic Leukemia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia, secondary</u>		<u>4 yrs</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
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22. I hereby certify that I attended the deceased from June, 1947, to Jan. 29, 1949, that I last saw the deceased alive on Jan 29, 1949, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Max S. Allen M.D.</u>	23b. ADDRESS <u>411 Alameda Road, K.C., Mo.</u>	23c. DATE SIGNED <u>Jan 29, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>JAN. 30, 1949</u>	24c. NAME OF CEMETERY OR-CREMATORY <u>MASONIC CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KIRKSVILLE, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>1-29-49</u>	REGISTRAR'S SIGNATURE <u>Steraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Newman's Sons</u> ADDRESS <u>1401 BRUSH CREEK BLVD. KANSAS CITY, 4 MISSOURI</u>
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(Licensed Embalmer's Statement (on Reverse Side))

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

