

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8479  
1189

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>28 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>2724 THE PASEO 348</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2724 THE PASEO</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>FREDERICK</b>	b. (Middle) <b>HENRY</b>	c. (Last) <b>ACHELPOHL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAR. 11-1950</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 20-1884</b>	9. AGE (In years last birthday) <b>65 YEARS</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALES MAN COLLECTOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>WINANT FURNITURE CO.</b>		11. BIRTHPLACE (State or foreign country) <b>West Point, Nebraska</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>LOUIS ACHELPOHL</b>	13b. MOTHER'S MAIDEN NAME <b>OSSENBRINK</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. ARLENE ACHELPOHL</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>487-05-6758</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. ARLENE ACHELPOHL</b>	ADDRESS <b>2724 THE PASEO KANSAS CITY MO</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute myocardial degeneration</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>lobar pneumonia with pleural effusion</b>		<b>3 mo.</b>
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>490K</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) (Min.)	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 **December 7, 1949**, to **March 11, 1950**, that I last saw the deceased alive on **March 11, 1950**, and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Paul H. Potter</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>1301-02 Commerce Trust Bldg.</b>	23c. DATE SIGNED <b>3-13-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAR. 14-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY - MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>3-14-50</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D. H. DeWamans</b>	ADDRESS <b>1331 BROWN CREEK KANSAS CITY MO</b>
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WRITE PLAINLY—USING 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-----

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Edward M. Storey*

Signed.....  
Student Embalmer

Licensed Embalmer No.....

*4452*

P. O. Address.....

*H. C. 4 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.