

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

33545

1. PLACE OF DEATH

County Jackson
Township Raus
City R.P. (No. St. Marys Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. 4084
Registered No. 4084 (Ward)

2. FULL NAME

(a) Residence No. Stanley St. Stanley Kas Ward. Stanley Kas
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) mch 21st 1841

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
87 6 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ky
(STATE OR COUNTRY)

10. NAME OF FATHER No Data

11. BIRTHPLACE OF FATHER (CITY OR TOWN) No Data
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER No Data

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No Data
(STATE OR COUNTRY)

14. INFORMANT Mrs Edm Hogan
(Address) Overland Park Kas

15. FILED 10/8 28 M.M. Crove REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/8/28 1928

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1928, to October 8, 1928, that I last saw him alive on October 7, 1928, and that death occurred, on the date stated above, at 8:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

John Cancer
450
5:00
10/8/28 (duration) yrs. mos. 4 da.
CONTRIBUTORY (SECONDARY) Carcinoma Orbit +
upper 9 months (duration) 1 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Yes

DID AN OPERATION PRECEDE DEATH? Yes DATE OF.....
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
10/8 (Signed) J.H. O'Grady, M. D.
1928 (Address) 1002 Medical Bldg R.P.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Stanley Kas DATE OF BURIAL 10/10/28

20. UNDERTAKER H. F. Mayberry No. 2 City Mo
ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

