

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

5809
Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kennett Primary Registration District No. 1002
 (c) City Kennett (d) Street No. K. C. Kent Shop Registered No. 875
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2314 Scott St. W. Washington Ave
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 - 1921
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 7 12
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. student
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo
 FATHER 13. NAME Roy Stillwell Mo
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 MOTHER 15. MAIDEN NAME Blanche Fisher
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT (ADDRESS) Roy Stillwell
2314 Scott
 18. BURIAL, CREMATION, OR REMOVAL PLACE Braymer DATE 2-23 1938
 19. FUNERAL DIRECTOR (ADDRESS) Wanda Lee Hunt
Independence, Mo.
 20. FILED 27 22 1938 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22-1938
 22. I HEREBY CERTIFY, That I attended deceased from 2-21-1938 to 2-22-1938
 I last saw him alive on 2-27-1938 Death is said to have occurred on the date stated above, at 2:10 P.M.
 The principal cause of death and related causes of importance were as follows:
Bilateral confluent Bronchopneumonia Date of onset 1070
 Other contributory causes of importance:
Bacteremia
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) P. F. De Maria M. D.
 (Address) Supt. K.C. General Hosp.

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.

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STATEMENT BY LICENSED EMBALMER

I, B. Wamsley, Licensed Embalmer No. 3425

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed B. Wamsley
Licensed Embalmer No. 3225

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.)