

REC'D APR 23 1938

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

9674
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Jean Primary Registration District No. 1002 Registered No. 1129
(c) City Kansas City (d) Street No. 72 Cagen Hosp St.
(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. 6 50 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 4140 Spruce St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Billie M. How
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 1899
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 21 2
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as saw mill, bank, etc. truck driver
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) Mo. Home Arkansas

13. NAME W. S. Thom

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

15. MAIDEN NAME Emella Fluence

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT (ADDRESS) Reva Clary 72 Cagen Hosp KC Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Funerary DATE 3/14 1938

19. FUNERAL DIRECTOR (ADDRESS) Wm. L. Foster 915 Benton

20. FILED Mar 13 1938 H. M. Rowse Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-9 1937 to 3-11 38
I last saw him alive on 3-11 1938 Death is said

to have occurred on the date stated above, at 4:40 PM
The principal cause of death and related causes of importance were as follows:

Bunch pneumonia Date of onset

Other contributory causes of importance: 107
Aplastic Anemia

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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.

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify (Signed) P. J. De Maria, M. D.
(Address) 72 Cagen Hosp KC Mo

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)