

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

9724
 Do not use this space.

RECD APR 23 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Kan Primary Registration District No. 1302

(c) City Kansas City (d) Street No. on steps of Palace Deck Registered No. 1189 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. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wm. Dignan 250

(a) Residence, No. Urban St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Urban

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

about 70 ← ←

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. Urban

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) Urban 9

13. NAME Urban 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Urban 9

15. MAIDEN NAME Urban

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

17. INFORMANT Charles Pearson

(ADDRESS) Jackson Co Court House

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrence DATE 3/16 1938

19. FUNERAL DIRECTOR A. Schmitt

(ADDRESS) 901 East 15th St

20. FILED Mar 16, 1938 M. M. Browne Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/14 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____.

I last saw him _____, 19____. Death is said to have occurred _____, 19____.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset 9/20

Other contributory causes of importance:

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.

Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) Wm. D. Dignan, M. D.

(Address) Lawrence, Mo

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.

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.)