

REC'D MAY 9 1938

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

13676

Do not use this space.

1656

Registered No. \_\_\_\_\_

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Blue Primary Registration District No. 01002  
 (c) City Kennett, Mo. (d) Street No. J. B. Hospital 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 How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 2545 - Drury 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 (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Sarah Houser  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30, 1883  
 7. AGE YEARS 55 MONTHS 2 DAYS 16 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labourer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) Ohio

FATHER 13. NAME Henry Hanger  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana Ohio

MOTHER 15. MAIDEN NAME Caroline Fisher  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) J. B. Hospital Leado Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cemetery DATE April 19-3819. FUNERAL DIRECTOR (ADDRESS) C. H. Blackman & Son, Inc. 2825 Indep. Blvd. K.C. Mo.20. FILED Apr 19 1938 M. M. Crowe Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 193822. I HEREBY CERTIFY, that I attended deceased from 2/27/38 19... to 4/16/38 19...  
 I last saw him alive on April 16 1938. Death is said to have occurred on the date stated above, at 1 P.M.The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Date of onset 2 mosOther contributory causes of importance: HaemorrhageName of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chest X-ray23. 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 None  
 Nature of injury None24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify: None (Specify city or town, county, and State)(Address) Leado Mo

APR 16 1948

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**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.)**