

REC'D MAY 9 1938

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

13763

Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1743
 (c) City Kansas City, Mo. (d) Street No. 416 1/2 So. Kensington, K.C. Mo. 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 Raymond Willard House, 200
 (a) Residence, No. 416 1/2 So. Kensington, K. C. Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Florence House</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 17th, 1879</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>2</u>
		DAYS <u>7</u>
	If LESS than 1 day, hrs. or min.	
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. <u>Salesman</u>	
	10. Date deceased last worked at this occupation (month and year).....	
	11. Total time (years) spent in this occupation.....	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Minn.</u>	
	13. NAME <u>No Record</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>	
	15. MAIDEN NAME <u>No Record</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>	
17. INFORMANT <u>Mrs. Florence E. House,</u> (ADDRESS) <u>416 1/2 So. Kensington, K.C. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn, Cem.</u> DATE <u>Apr. 26th, 1938</u>		
19. FUNERAL DIRECTOR <u>Mrs. C. L. Forster</u> (ADDRESS) <u>918 Brooklyn Avenue, K.C. Mo.</u>		
20. FILED <u>4-25-38 M. M. Crowe</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24th, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 25, 1938 to April 24, 1938.
 I last saw him alive on April 23, 1938. Death is said to have occurred on the date stated above, at 10:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of prostate bladder and colon.
Primary: prostate (5)

Date of onset March 1935

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? No
 If so, specify.....
 (Signed) Samuel S. Schwartz M. D.
 (Address) 1111 Grand Ave. Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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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.)