

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH14961
Do not use this space.

1. PLACE OF DEATH

(a) County Jaeger Registration District No. 417
 (b) Township West City Primary Registration District No. 3031
 (c) City West City (d) Street No. James Registered No. 32
 (e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U.S., if of foreign birth 520 yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 520 North Wilson 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 27, 1879
 7. AGE YEARS 59 MONTHS 2 DAYS 15 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blacksmith
 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) Franklin
 (STATE OR COUNTRY) Kansas

13. NAME Charles James

14. BIRTHPLACE (CITY OR TOWN) Franklin
 (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Mary Marie

16. BIRTHPLACE (CITY OR TOWN) Franklin
 (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Big M. Lizzie Cole
Antelope, Kans

18. BURIAL, CREMATION, OR REMOVAL PLACE Antelope, Kans DATE April 14, 1938

19. FUNERAL DIRECTOR (ADDRESS) W. H. Nelson
West City, Mo

20. FILED APRIL 14, 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1938 to April 13, 1938

I last saw him alive on April 12, 1938. Death is said

to have occurred on the date stated above, at 5 A. m.

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

Pulmonary Edema Date of onset

Other contributory causes of importance:

Nephrotomy

Name of operation Nephrotomy Date of 4/8/38

What test confirmed diagnosis? Operation Was there an autopsy? no

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) B. A. Dumbauld, M. D.

(Address) West City, Mo

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Unembalmed

STATEMENT BY LICENSED EMBALMER

I, Edw. Hedge, Licensed Embalmer No. 2859
hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME PERSONALLY
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed

Edw. Hedge

Licensed Embalmer No. 2859

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

14961

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper

Registration District No. 417

(b) Township

Primary Registration District No. 3021

Registered No. _____

(c) City Ness City

(d) Street No. _____
(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. _____ St. ☐

(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

4. COLOR OR RACE

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

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

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

7. AGE

YEARS

MONTHS

DAYS

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.

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED _____ 19 _____

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 12, 1938

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

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Pulmonary Edema

Large stones

in upper pole of

kidney

18"

Name of operation rephreatomy Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) B. H. Dumbauld, M. D.

(Address) Ness City, Mo.

