

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.

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

REC'D JUN 9 1938

17289
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 355
 (b) Township _____ Primary Registration District No. 100
 (c) City Kansas City (d) Street No. Conley Hospital Clinical 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. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **1986**

2. PRINT FULL NAME

(a) Residence, No. 1948 N. 12 Kansas City, Mo St. Kansas City, Mo
 (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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

7. AGE YEARS 81 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. Retired farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938, to May 12th, 1938
 I last saw him alive on May 12th, 1938 Death is said to have occurred on the date stated above, at 3:22 p.m.
 The principal cause of death and related causes of importance were as follows:
chronic myocarditis with failing compensation
 Date of onset _____

Other contributory causes of importance arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 9

FATHER 13. NAME Don't know 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 9

MOTHER 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Hospital Records
 (ADDRESS) 619 Winfield Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Excelsior Springs DATE May 12, 1938

19. FUNERAL DIRECTOR Blanche Richard
 (ADDRESS) Excelsior Springs Mo

20. FILED May 13, 1938 M. Brown
 Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) D. J. Sedgwick
 (Address) 2105 Independence

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.)