

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**

17335
Do not use this space.

REC'D JUN 9 1938

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 395
 (b) Township Kaw Primary Registration District No. 1902
 (c) City Kansas City (d) Street No. Memorial Hospital Registered No. 2032
 (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 John Andrew Preston 673
 (a) Residence, No. 7715 Linnwood 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 M. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25-1864

| | | | | |
|--------|-----------|----------|------------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| | <u>74</u> | <u>0</u> | <u>289</u> | |

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Theatrical
 9. Industry or business in which work was done, as saw mill, bank, etc. Radio
 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) Boston mass

FATHER
 13. NAME Andrew Preston
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston mass

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Garland B. Preston 1715 Linnwood

18. BURIAL, CREMATION, OR REMOVAL PLACE No notice DATE 5-16-38

19. FUNERAL DIRECTOR (ADDRESS) Exlar Funeral Home 78. C. mo.

20. FILED May 16 1938 M. M. Worm Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from May 7 1938 to May 14 1938
 I last saw him alive on May 14 1938. Death is said to have occurred on the date stated above, at 3 P. M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of rectum hypertensive
46
 Date of onset _____

Other contributory causes of importance:
Paralytic ileus

Name of operation Colestomy Date of May 8 1938
 What test confirmed diagnosis? X-ray 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) J. S. Hoffman, M. D.
 (Address) 408 Argyle Bldg Kansas City, Mo

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Corynne Raley

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.)