

REC'D JUN 9 1938

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

17494
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 622 Benton Blvd. Registered No. 2191
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 G. Stair 360
 (a) Residence, No. 3812 McGee St. 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
88 4 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Physician
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.FATHER 13. NAME Dont knowFATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont knowMOTHER 15. MAIDEN NAME GarrettMOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know17. INFORMANT (ADDRESS) Edgar H. Stair
3812 McGee St. K. C. Mo.18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Independence, Mo. DATE 5/31/3819. FUNERAL DIRECTOR W. F. Mayberry
(ADDRESS) 2315 Linwood Blvd. W. Mo.20. FILED May 28, 1938 M. M. Coon
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/27/38 193822. I HEREBY CERTIFY, That I attended deceased from 3-8-1938 to 5-27-1938I last saw him alive on May 27, 1938 Death is said to have occurred on the date stated above, at 8 P. m.

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

Interstitial nephritis (Chronic)

Other contributory causes of importance: 131

Myocarditis (chronic)

Name of operation 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 injury24. Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) D. Roy
(Address) 753-4 W. 11th St. W. Mo.

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.)