

REC'D JUN 9 1938

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

17524
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Raw Primary Registration District No. 1002 Registered No. 2221
 (c) City Kansas City (d) Street No. 6037 Forest 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 INSKEEP - MR. Childs H. 521

(a) Residence, No. 210 East 34th 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 Jennie Inskeep

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1858

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
79 10 9 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Woodworker
 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) Ohio

FATHER 13. NAME Christopher Inskeep

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

MOTHER 15. MAIDEN NAME Anne Tschardt

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

17. INFORMANT (ADDRESS) Mrs Jay Baker
6037 Forest

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE June 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. Newcomer
Brush creek & paved

20. FILED May 31, 1938 M. M. Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/29/1938

22. I HEREBY CERTIFY, That I attended deceased from November, 1937, to May 29, 1938
 I last saw him alive on May 26, 1938. Death is said to have occurred on the date stated above at 9:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
 Generalized Arteriosclerosis
 senility
 Date of onset month

Other contributory causes of importance: senility
 Name of operation none Date of none
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify no
 (Signed) J. H. Nease, M. D.
 (Address) 811 Union Bldg
K.C. Mo.

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.

DEPARTMENT OF HEALTH
DIVISION OF HEALTH SERVICES
BUREAU OF HEALTH SERVICES

STATE OF NEW YORK



10-1-2013
10-1-2013

Handwritten signature

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.