

REG'D JUL 12 1938

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

21088

Do not use this space.

2538

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Han Primary Registration District No. 1002
(c) City Hann City (d) Street No. 50 Hwy way and Registered No. State Line 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

(a) Residence, No. 315 S. Pine Clath Kansas
(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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 - 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 10 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cranberry
9. Industry or business in which work was done, as saw mill, bank, etc. Cranberry
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) Clath. Kansas13. NAME Wiley Moore14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas15. MAIDEN NAME Don't know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryville, Mo17. INFORMANT (ADDRESS) Beth Moore
315 S. Pine, Clath18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Clath. Kans June 23, 3819. FUNERAL DIRECTOR (ADDRESS) W. H. Frye & Son
Clath. Kansas20. FILED June 24 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-23-38 19

22. I HEREBY CERTIFY That I attended deceased from 19 to 19

I last saw h. Deputy Coroner 19 Death is saidto have occurred on the date stated above, at 137A m.

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

Pulmonary Thrombosis Date of onsetSub Pul HemorrhageOther contributory causes of importance: 2-10 miName of operation Open Date ofWhat test confirmed diagnosis Open 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 6-23-38Where did injury occur? 504 + 5th Ave Kan (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Auto, turned overNature of injury Crushed to death

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Russell W. Brown M. D.(Address) Clath

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.)