

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

24442  
 Do not use this space.

1. PLACE OF DEATH **REC'D AUG 8 1938**

(a) County Jackson Registration District No. 399  
 (b) Township Rau Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 15 E. 1st Hosp Registered No. 2947  
 (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 Eli Murenga 65  
 (a) Residence, No. 520 Waldron St.  (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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF Anna Murenga  
 OR WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64

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.  
 10. Date deceased last worked at this occupation (month and year) None  
 If total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rumania

FATHER  
 13. NAME Yacil Murenga  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rumania

MOTHER  
 15. MAIDEN NAME Joanne Osea  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rumania

17. INFORMANT Coroner, Dept. Court House  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Greenlawn DATE July 23 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John B. Zepher  
538 Campbell, St.

20. FILED July 22 1938 M. A. Crowe  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19-38 1938

22. I HEREBY CERTIFY, That I attended deceased from July 19 1938 to July 19 1938, 1938  
 I last saw him July 19 1938 at County Coroner Death is said to have occurred on the date stated above, at 9:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Railroad traumatism  
Amputation of hands - bilateral  
Secondary shock  
 Other contributory causes of importance: 201 W

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide Accident Date of injury 7-19-38  
 Where did injury occur? K.C. Mo  
 (Specify city, or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Train wheel ran over  
 Nature of injury both forearms

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify \_\_\_\_\_  
 (Signed) W. H. B. Butler, M. D.  
 (Address) 2nd Hosp; K.C. Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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**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.**