

REC'D SEP 13 1938

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

27752

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Law Primary Registration District No. 1002 Registered No. 3063
(c) City Kansas City (d) Street No. 1620 Harrison 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. 1620 Harrison 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 6 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck driver
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) Marionville Arkansas13. NAME John Nash14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark15. MAIDEN NAME Catharine Thornton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark17. INFORMANT (ADDRESS) Lurana Jones 1620 Harrison18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 8/1 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Hickins Bros 1729 India20. FILED Aug 2 1938 M. M. Crome Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-28-38 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw Dr. J. P. Brown on 7-28-38 at 1307 19. Death is said to have occurred on the date stated above, at 1307 m.
The principal cause of death and related causes of importance were as follows:

Stenocardia
Sclerosis Arteriosclerotic
34

Date of onset

Other contributory causes of importance:

Name of operation None Date of NoneWhat test confirmed diagnosis None Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 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 NoneNature of injury None

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

If so, specify None(Signed) Russell Jensen M. D.(Address) 1307

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,

T. B. Watkins

, or by

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

Signed

T. B. Watkins

Licensed Embalmer No. *2889*

P. O. Address

1729 Lydie

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.