

REC'D SEP 13 1938

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

27775

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Jackson Primary Registration District No. 1002 Registered No. 8086
(c) City Kansas City (d) Street No. 12 C Agn Hosp 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 1026 Washington 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) Widower
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Innis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14 1876
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 61 8 18
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. Owner, Sheet Metal Worker
10. Date deceased last worked at this occupation (month and year) Retired Total time (years) spent in this occupation 137

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Irma13. NAME Ja Innis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Irma15. MAIDEN NAME Ann Barber16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Irma17. INFORMANT (ADDRESS) Irma Clerk 12 C Agn Hosp 12 C Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hill DATE 8/14 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Wagner 712 N. W. Brown20. FILED Aug 3 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-2 193822. I HEREBY CERTIFY, That I attended deceased from 7-22 1938 to 8-2 1938I last saw deceased on 8-2 1938 Death is saidto have occurred on the date stated above, at 10:35 a.m.

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

Hypertrophy of Date of onset
Prostate
137

Other contributory causes of importance:

Auricular FibrillationName of operation none Date of noneWhat test confirmed diagnosis? chest Was there an autopsy? no

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 injury _____

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

If so, specify _____

(Signed) P. J. De Maria M. D.(Address) 12 C Agn Hosp 12 C Mo

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.