

REC'D SEP 13 1938

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

27814

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. _____
 (b) Township Kaw Primary Registration District No. _____
 (c) City Kansas City (d) Street No. General Hospital Registered No. 3125
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Andrew B. McCandless
104 West 9th Street
 (a) Residence, No. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 6 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Restr. Prop.
 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) Portia, Arkansas

FATHER 13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER 15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Mrs. Belle McCandless
104 West 9th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 8/6/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Quirk & Tobin Co.
Kansas City, Mo.

20. FILED Aug 5 38 M. J. Berowe
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/3/38 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
 I last saw Deputy Coroner to have occurred on the date stated above, at 8:10p P.M.
 The principal cause of death and related causes of importance were as follows:

Lypol poisoning

195
18

Other contributory causes of importance:

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 _____ Date of injury 8-3-38
 Where did injury occur? K.C. Mo. (Specify city, town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Admitted to hospital unconscious
 Nature of injury Lypol found in stomach

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) M. J. Berowe M. D.
 (Address) Law Hosp. K. 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.