

REC'D SEP 13 1938

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

27847

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Jean Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 42 C Gen Hosp Registered No. 3158
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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. 3910 Street 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 ♀ 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 8 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W W

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) Mo

13. NAME Geo Clapper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Sullivan Squier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Dr. J. A. Clark
42 C Gen Hosp KC Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 8-8-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Curry & Tobin
12 E. 12th St. Kansas City, Mo

20. FILED Aug 8 38 Dr. J. A. Clark Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-6-38

22. I HEREBY CERTIFY, That I attended deceased from 3-17-38 to 7-6-38

I last saw him alive on 8-6-38, 1938 Death is said to have occurred on the date stated above, at 3:00 PM

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

Carcinoma of
Colon with extension
to bladder and rectum

Date of onset

Other contributory causes of importance:

Name of operation

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, 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) J. P. De Maria, M. D.(Address) 42 C Gen Hosp KC Mo

JUL 27 1948

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.