REC'D SEP 13 1938

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

27891
Do not use this space.

**1. PLACE OF DEATH**

(a) County Jackson — Registration District No. 399

(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 3202

(c) City Kansas City, Mo. — (d) Street No. Menorah Hospital 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** James W. Canterbury 536

(a) Residence, No. 3600 East 60th St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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: Laura A. Canterbury

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 8, 1860

7. AGE: YEARS 78 — MONTHS 1 — DAYS 3 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as saw mill, bank, etc.: Rust Sash & Door Co.
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): Missouri 0

FATHER
13. NAME: John M. Canterbury 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky 1

MOTHER
15. MAIDEN NAME: Helen Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Mrs. Laura Canterbury, 3600 E 60th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill Cem. DATE Aug. 13-38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): C.H. Blackman & Son, Inc. 2825 Indep. Blvd. K.C. Mo.

20. FILED Aug 12, 1938 M. M. Crowe
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 11-38, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to Aug 11, 1938
I last saw h alive on Aug 11, 1938. Death is said to have occurred on the date stated above, at 11AM m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | |
| Chronic Nephritis | 131 |
| Hypostatic Pneumonia | |

Other contributory causes of importance:
Hypertrophy of Prostate

Name of operation Prostatectomy Date of 7/7/38.
What test confirmed diagnosis? 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? no
If so, specify
(Signed) R.C. Clasen, M. D.
(Address) 6250 Ness Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr. Arthur C Clasen

Nar 3749 Prof Rdg

## 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 compl with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**