

REC'D SEP 13 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
27913
Do not use this space.

1. PLACE OF DEATH

3
✓

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 3254
 (c) City K.C.Mo. (d) Street No. 14th, & Broadway, K.C.Mo. 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 George Raisbeck, 212

(a) Residence, No. 4408 State Line, K.C. Kansas. 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 Linnie Bell Raisbeck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8th, 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	<u>61</u>	<u>2</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Postler Public Servi
 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 George Raisbeck 4
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 1

MOTHER 15. MAIDEN NAME Sarah Outon
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Linnie Bell Raisbeck
 (ADDRESS) 4408 State Line, K.C. Ks.

18. BURIAL, CREMATION, OR REMOVAL PLACE 2nd. Moriah DATE Aug. 17- 1938

19. FUNERAL DIRECTOR (NAME) Lrs. C.L. Forster
 (ADDRESS) 913 Brooklun Avenue, K.C.Mo.

20. FILED Aug 16 38 M. M. Browe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 15th, 1938

22. I HEREBY CERTIFY, That I attended deceased from

19..... to..... 19.....
 I last saw..... on Coroner 19..... Death is said to have occurred as stated above, at 5:50 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic degenerative nephritis
hypertrophy of the heart
chronic myocardial infarction
submucosal edema

Date of onset

Other contributory causes of importance: 121

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..... 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? 4
 If so, specify.....
 (Signed) D. W. B. Strutt, M. D.

(Address) San Heart, 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.