

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

27957
Do not use this space.

3268

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 3268
 (c) City K.C. Mo. (d) Street No. 2222 Flora Ave St. Flora Ave
 (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

(a) Residence, No. 2222 Flora Ave St. Flora Ave (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 Fe 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hankerson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1894 Jan 12
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 44 6 28
 OCCUPATION 8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. none
 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) Lexington Mo13. NAME Frank Bluwett14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Belle Adams16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Mo17. INFORMANT (ADDRESS) Beatrice Turner
1600 E 20th18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 8-13-3819. FUNERAL DIRECTOR (ADDRESS) Crisp + Gravit
1119 E 11th St20. FILED Aug 17, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10-38 19

22. I HEREBY CERTIFY That I attended deceased from 19 to 19

I last saw him alive on Sept 10, 19 1938 Death is said to have occurred on the date stated above, at 11 m.

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

Mitral Stenosis & Heart Failure
Urinal Calculi
92nd

Date of onset

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis Autopsy 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? Yes

If so, specify

(Signed) Samuel W. Fisher, M. D.(Address) Flora Ave

DEC 4 1948

STATEMENT BY LICENSED EMBALMER

I, J. Lucas Crisp, Licensed Embalmer No. 2767

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed J. Lucas Crisp
Licensed Embalmer No. 2767

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.)