

REC'D SEP 13 1938

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

28116

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City (d) Street No. Research Hospital Registered No. 3127
(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 Dr. Albert Elmer Derwent 653

(a) Residence, No. Congress Hotel 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 whit 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florraine Derwent

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1868

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
70 3 11

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. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Wm. Derwent

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

15. MAIDEN NAME Elizabeth Hobson

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

17. INFORMANT (ADDRESS) Mrs. Florraine Derwent, Congress Hotel, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rockford, Ill. DATE August 31, 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClure, Kansas City, Missouri.

20. FILED Aug 31, 1938 M. M. Groves Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12 - 1938, to Aug. 26 - 1938
I last saw him alive on Aug. 26 - 1938 Death is said to have occurred on the date stated above, at P. m. 10:30
The principal cause of death and related causes of importance were as follows:

Myocarditis
acute heart failure
and pulmonary edema

Date of onset 31

Other contributory causes of importance:

arteriosclerosis, cerebral

Name of operation Prostatic Hypertrophy Date of 8/22/38
What test confirmed diagnosis? P. E. 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?
If so, specify Donald R. Block M. D.
(Signed) _____ (Address) 924 Prof. Bl. K.C.M.o.

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.