

REC'D OCT 15 1938

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

31153  
Do not use this space.

1. PLACE OF BIRTH

(a) County Jackson Registration District No. 399  
 (b) Township Haw Primary Registration District No. 1002 Registered No. 3450  
 (c) City Kansas City, Mo. (d) Street No. 127 Highlands in Cal. 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

(a) Residence, No. 1401 Euclid 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Della Sears

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 6 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. waiter  
 9. Industry or business in which work was done, as mill, bank, etc. Harney  
 10. Date deceased last worked at this occupation (month and year) System 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Va

FATHER 13. NAME Doutkiew

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

MOTHER 15. MAIDEN NAME Doutkiew

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

17. INFORMANT (ADDRESS) Della Sears  
1401 Euclid

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cemetery DATE 9-1-38

19. FUNERAL DIRECTOR (ADDRESS) Flynn + Grand Street  
KC Mo - 1

20. FILED Sept 1, 1938 M. M. Brown  
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29-1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him Sept 1, 1938, 19... Death is said to have occurred on the date stated above, at... m.

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

Hypertensive myocardial  
acute Pulmonary Edema  
42 H

Other contributory causes of importance:

Name of operation Autopsy Date of 9-1-38  
 What test confirmed diagnosis Autopsy Was there an autopsy?

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 None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? Y.  
 If so, specify

(Signed) Russell W. Brown M. D.  
 (Address) KC Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, Edw J. Evans

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Edw J. Evans

Licensed Embalmer No. 3836

P. O. Address 1819 E 15th St No. 2

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

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