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

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

REC'D OCT 15 1938

31178
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson — Registration District No. 399

(b) Township Kaw — Primary Registration District No. 10.2 — Registered No. 3475

(c) City Kansas City, Mo. — (d) Street No. 815 Benton 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 Lewis B. Waddle 340

(a) Residence, No. 815 Benton 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: Mr
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lizzie Waddle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 5 1861

7. AGE: YEARS 77 — MONTHS 6 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Real Estate
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): Ohio

FATHER
13. NAME: Samuel Unk.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Nancy Browning
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Virginia

17. INFORMANT (ADDRESS): Mabel W. O'Dell, 815 Benton, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Osage City, Kansas DATE: Sept. 5th, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Mrs. C. L. Forster. 918 Brooklyn Avenue, K. C. Mo.

20. FILED: Sept 4, 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 3rd, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1938, to Sept 3, 1938
I last saw him alive on Sept 3rd, 1938. Death is said to have occurred on the date stated above, at 8.45 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
131	

Other contributory causes of importance: Chronic Endocarditis

Name of operation: none — Date of
What test confirmed diagnosis? Clinical — 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
(Signed) Thomas A. Kyner, M. D.
(Address) 214 Wirthman Bldg K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 com with the above constitutes grounds for revocation of license.)

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