

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

31318
Do not use this space.

1. PLACE OF DEATH *2*
 (a) County *Jackson* Registration District No. *399*
 (b) Township *Howe* Primary Registration District No. *100*
 (c) City *Howe City* (d) Street No. *1311 Benton Blvd* Registered No. *3615*
 (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 *Oliver Earl*
 (a) Residence, No. *1311 Benton Blvd* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Fe* **4. COLOR OR RACE** *Wh* **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** *Divorced*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *unknown*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 17, 1879*
7. AGE YEARS *59* MONTHS *5* DAYS *29* If LESS than 1 day, hrs. or min.
OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *at home*
 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) *Lee Summit Missouri*
FATHER
13. NAME *Henry Lecker*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York*
MOTHER
15. MAIDEN NAME *Ella Goll*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*
17. INFORMANT (ADDRESS) *L. H. Lecker Lee Summit, Mo.*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Lee Summit, Mo.* DATE *Sept 17, 1938*
19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Carroll Denton 3024 East*
20. FILED *Sept 15, 1938* *M. D. Crowe* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-14-38* 19
22. I HEREBY CERTIFY, That I attended deceased from
 I last saw *Oliver Earl* alive on *6:40 P.M.* Death is said to have occurred on the date stated above, at *1311 Benton Blvd*.
 The principal cause of death and related causes of importance were as follows:
Death by hanging
 Date of onset
 Other contributory causes of importance: *165*
 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? *suicide* Date of injury *9-14-38*
 Where did injury occur? *at home* (Specify city, town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury *hanging at*
 Nature of injury *1311 Benton Blvd*
24. Was disease or injury in any way related to occupation of deceased? *Yes*
 If so, specify _____
 (Signed) *M. D. Crowe* M. D.
 (Address) *Lee Summit, Mo.*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 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,

....., 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.