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.

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

34598
Do not use this space.

1. PLACE OF DEATH REC'D NOV 21 1938
   (a) County Jackson
   (b) Township Kaw
   (c) City Kansas City
   (d) Street No. 3626 Jefferson 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.
   Registration District No. 399
   Primary Registration District No. 1992
   Registered No. 3934

2. PRINT FULL NAME 230 Pierce M. Best
   (a) Residence, No. 3626 Jefferson 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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Minnie Cora Best
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown
7. AGE: YEARS 86 | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: MINISTER +
9. Industry or business in which work was done, as saw mill, bank, etc.: Optician
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): Tenn

FATHER
13. NAME: Unknown BEST
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. W. F. McDermott Sibley Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Forest Hill DATE: Oct. 10 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): D. N. Newcomer's Sons Brushcreek + Paseo
20. FILED: Oct 10, 1938 M. M. Crowe Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 7, 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1937, to Oct 7, 1938
I last saw him alive on Oct 7, 19.... Death is said to have occurred on the date stated above, at 5:00 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma etc primary site unknown secondary metastases to liver 46 % | |

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Herbert L Marty, M. D.
(Address) 314 Medical Arts Kansas

(Licensed Embalmer's Statement on Reverse Side)

Med Arts Bldg Oca 3800
2-5

## 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..... Neil Carr

Licensed Embalmer No..... 3976

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.**