

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

Dr. Hilda Davis
Prod. Bldg.
NOV 21 1938

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

34738
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 100
 (c) City Kansas City (d) Street No. 2239 Oakley Registered No. 4074
 (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 612 Harry E. Gervais
 (a) Residence, No. 2239 Oakley 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Gervais

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13 1888

7. AGE YEARS 50 MONTHS 8 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Union Wire Rope Corp.
 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

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Paul, Minnesota
 13. NAME Benjamin Gervais
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Paul, Minn.

MOTHER 15. MAIDEN NAME Edwien DuBouche
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minn.

17. INFORMANT Mrs. May Gervais
 (ADDRESS) 2239 Oakley

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul, Minn. DATE 10/20/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Quirk & Tobin Co. Kansas City, Mo.

20. FILED Oct 19, 1938 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1938

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1934, to Oct 19, 1938
 last seen alive on Oct 19, 1938 Death is said to have occurred on the date stated above, at 10:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Coronary thrombosis
g.H.
 Date of onset 1934

Other contributory causes of importance:
Longestive heart failure
Last attack about Sept. 1 - 1938

Name of operation no 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? no 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? no
 If so, specify _____
 (Signed) Raymond A. ... M. D.
 (Address) 820 prof Bldg

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

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