

REC'D NOV 21 1938

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

34906
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
 (b) Township Jean Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 2200 Genl Hosp Registered No. 4242
 (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

(a) Residence, No. 230 Bruce Best St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)
3524 Flora

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-29, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Senna Best

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1938, to 10-29, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7, 1903

I last saw h alive on 10-29, 1938. Death is said to have occurred on the date stated above, at 6:37 PM

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 35 / 1 / 22

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Water and
 9. Industry or business in which work was done, as saw mill, bank, etc. work
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation..... 107a

Confluent Broncho-pneumonia
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? yes

13. NAME Jesse Best

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

15. MAIDEN NAME Senna Best

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

17. INFORMANT (ADDRESS) De W. a Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE W. C. Genl Hosp DATE Oct 31, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Robert Gardner

20. FILED Oct 31, 1938 M. M. Crowe Local Registrar.

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) P. H. De Maria, M. D.
 (Address) 2200 Genl Hosp

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.

JUL 19 1945

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.