

556 DEC 23 1938

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

39418
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 104
(b) Township Hawk Primary Registration District No. 5338
(c) City Kansas City (d) Street No. 8116 Main 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.

Registered No. 84

2. PRINT FULL NAME

(a) Residence, No. 8116 Main 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 M. 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie Whitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27-1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 10 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Repairman
9. Industry or business in which work was done, as saw mill, bank, etc. Telephone Co.
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) Gallatin, Mo - O

FATHER 13. NAME Wm. S. Whitt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallatin, Mo - O

MOTHER 15. MAIDEN NAME Sarah P. Love

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallatin, Mo - O

17. INFORMANT Mrs. Nellie Whitt (ADDRESS) 8116 Main

18. BURIAL, CREMATION, OR REMOVAL PLACE Gallatin, Mo DATE Nov. 7 1938

19. FUNERAL DIRECTOR (NAME) D. W. Newcomer (ADDRESS) Brush Creek & Passes

20. FILED 12-3 1938 Mrs. Jos. J. Brennan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5-38 19

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw him alive on 11-5-38 at 200 PM Death is said to have occurred on the date stated above, at _____, Mo.

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

Coronary sclerosis
Pulmonary edema

Other contributory causes of importance: ath

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? _____ 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) Walter H. Butler M. D.
(Address) San Diego; A. L. 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.....

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

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