

DECEMBER 13 1938

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

41682
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kan Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 2229 Genl Registered No. 4748
 (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. (N) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 307 W. 13th 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 m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) no record

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Miner
 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) MO 0

FATHER 13. NAME Geo Carper 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa 9

MOTHER 15. MAIDEN NAME Elise Sunk

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

17. INFORMANT (ADDRESS) Ruth Grant
307 W-13th

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Dec 6 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs C L Foster
KC Mo.

20. FILED Dec 6 1938 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5-38

22. I HEREBY CERTIFY, That I attended deceased from 12-1-38, 1938, to 12-5-38, 1938

I last saw him alive on 12-5-38, 1938. Death is said to have occurred on the date stated above, at 9:10 a.m.

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

Bilateral lobar pneumonia Date of onset

Other contributory causes of importance:

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 _____, 1938

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) A. D. Wagner, M. D.

(Address) 2229 Genl

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.