

1938 JAN 13 1939

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

41760
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Jackson Primary Registration District No. 1002
 (c) City Jackson City (d) Street No. Jackson
 (e) Length of residence in city or town where death occurred 216 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 4826

2. PRINT FULL NAME

(a) Residence, No. 2424 Webster 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) 11-30-38
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KC Mo

FATHER 13. NAME Julius Halhuber

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KC Mo

MOTHER 15. MAIDEN NAME Emma Wisniewski

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KC Mo

17. INFORMANT (ADDRESS) Reverend Clerk

18. BURIAL, CREMATION, OR REMOVAL (PLACE) (DATE) St. Mary's Cemetery 11-11-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) William B. Hopkins 536 Campbell St

20. FILED Dec 11, 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-30, 1938, to 12-10, 1938

I last saw him alive on 12-10, 1938. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Bilateral Bronchopneumonia Date of onset 10/10

Other contributory causes of importance: Thrush

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Yes

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) W. B. Hopkins M. D. (Address) Jackson City Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X14023

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.