

1 X14023
 1938 JAN 13 1939

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

41806
 Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Acaw Primary Registration District No. 1002 Registered No. 4872
 (c) City K.C. Mo (d) Street No. General Hospital St. 4872
 (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.

2. PRINT FULL NAME

(a) Residence, No. 1507 Sam Robinson St. (If nonresident, give city or town and State)
1813 Charlotte (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Don't know
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18-1861
 7. AGE YEARS 77 MONTHS 0 DAYS 17 If LESS than 1 day, hrs. or min.
 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. unemployed
 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) Missouri, Mo

FATHER 13. NAME Don't know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) County coroner's Record Jackson Co Mo

18. BURIAL, CREMATION, OR REMOVAL (PLACE) Western Dental Cal 12-13-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Greenstreet K.C. Mo

20. FILED Dec 13 38 M. M. Kerwin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5-1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
 I last saw him alive on 11/11/38 Death is said to have occurred on the date stated above, at 11:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset 108

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Aspirin Date of injury...
 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. Greenstreet M. D.
 (Address) Kerwin

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.

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.....

Edw J Edward

Licensed Embalmer No.....

3836

P. O. Address.....

1819 E. 15th St KC Mo

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.