

REC'D FEB 20 1939

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

1065

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 78
(c) City Kansas City (d) Street No. 300 South Oakley 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.

2. PRINT FULL NAME 934 Mrs. Clara M. Distler

(a) Residence, No. 300 South Oakley 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24, 1875

7. AGE YEARS 63 MONTHS 2 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) Germany 613. NAME Werk Fleck 614. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 615. MAIDEN NAME Werk Boehlen16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) William J. Distler
300 South Oakley18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem DATE Jan. 7, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Quirk & Tobin Co.
Kansas City, Mo.20. FILED Jan 8 1939 W. H. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1939, to Jan 6 1939
I first saw him alive on Jan 5 1939 Death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

Coronary thrombosis Date of onset 1/4/39

Other contributory causes of importance:

High Blood Pr & Arterial Sclerosis

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19____
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Edw. L. Stewart, M. D.
(Address) 1115 Grand ave

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

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