

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

REC'D FEB 20 1939

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

1101  
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. 114  
 (c) City Kansas City (d) Street No. St. Joseph Hospital 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

(a) Residence, No. 9411 Warran Emmer Fogle  
11201 East 10th St. Jackson Co. Mo.  
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary A Fogle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 9-1879</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>7</u>	DAYS <u>0</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Book</u>		
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) <u>Ohio</u>		
13. NAME <u>Warran Fogle</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Mrs Mary Fogle</u> (ADDRESS) <u>11201 E 10th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn</u> DATE <u>1-11-39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Rose &amp; Henderson</u> <u>15 S Jackson</u>		
20. FILED <u>Jan 10 1939</u> <u>Dr. M. Browne</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1939 to Jan 9 1939  
 I last saw him alive on Jan 9 1939 Death is said to have occurred on the date stated above, at 3:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
General Peritonitis Date of onset 1-9-39  
Intestinal Obstruction 1-4-39  
Band of Adhesions  
 Other contributory causes of importance:  
Abdominal Name of operation  
X-Ray Date of 1-7-38  
 What test confirmed diagnosis? yes 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) M. Browne  
 (Address) 6520 Indip Ave

Dr Anderson  
On ~~McArthur~~  
6520 Indep  
1:30 to 5:30  
Be 6756

STATEMENT OF THE LICENSED EMBALMER  
CERTIFICATE NO. 12345  
ISSUED 12/31/1965

**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.**