

REC'D FEB 20 1939

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

1142

Do not use this space.

155

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 155
 (c) City Kansas City, Mo. (d) Street No. 3828 Brooklyn 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

William H. Earnist

(a) Residence, No. 3828 Brooklyn 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)
Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
76 2 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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) Indiana13. NAME Isaac Earnist14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT O. G. Hamilton
(ADDRESS) 3828 Brooklyn, K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan. 14-3919. FUNERAL DIRECTOR (NAME) C. H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.20. FILED Jan 13 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12 19 3922. I HEREBY CERTIFY, That I attended deceased from Dec 28 1938, to Jan 12 1939I last saw him alive on Jan 9 1939. Death is said to have occurred on the date stated above, at 7:15 m. AM

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

1. Cerebrum
 2. Hypertension
 3. Arteriosclerosis, nephritis
 4. Left sided residual paralysis from cerebral thrombosis
 5. myocarditis

Date of onset 12/29-38

Other contributory causes of importance:

Name of operation None Date of no
What test confirmed diagnosis? Clinical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 1939Where 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?

If so, specify no
(Signed) M. M. Crowe, M. D.(Address) 836 Pershing Bldg

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.