

REC'D FEB 20 1939

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

1187

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson
(b) Township Jackson
(c) City Kansas City

Registration District No. 399Primary Registration District No. 1002(d) Street No. 72 C Gen Hosp St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. 200

(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. 1706 Charlotte St.

(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

M

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

unmarried

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

unmarried

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

unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

50

OCCUPATION

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

unmarried

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)

unknown

FATHER

13. NAME

unmarried

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

unmarried

MOTHER

15. MAIDEN NAME

unmarried

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

unmarried

17. INFORMANT (ADDRESS)

Record Clerk
P. C. Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Funerary Home 1-16-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Peter B. Hagelberg
536 Campbell St.

20. FILED

Jan 16, 1939 M. M. Brown

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1939 to Jan 2, 1939I last saw him alive on Jan 2, 1939 Death is saidto have occurred on the date stated above, at 5:40 a.m.

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

Subar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

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?.....

If so, specify.....

(Signed) P. J. De Maria, I. M. D.(Address) 72 C Gen Hosp

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.