

REVISED FEB 20 1939

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

1204
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 1
(b) Township Kaw Primary Registration District No. 1002 Registered No. 217
(c) City K. C. Mo. (d) Street No. Research 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. 360 Irvin Louis Stair St. Minneapolis, Minn
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17, 19 395A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ruth C. Stair22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1939 to Jan 17, 19396. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 21, 1890I last saw him alive on Jan 17, 1939. Death is said to have occurred on the date stated above, at 1:30 p.m.7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 4 26

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

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

Cerebral hemorrhage
malignant hypertension

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minneapolis, Minn.Other contributory causes of importance:
Hypertensive Cardiovascular
Renal disease13. NAME No Record14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record15. MAIDEN NAME No Record16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record17. INFORMANT (ADDRESS) Miss Nancy Stair
Minneapolis, Minn.18. BURIAL, CREMATION, OR REMOVAL PLACE Minneapolis, Minn. DATE Jan. 17, 19 3919. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. Wagner
Kansas City, Mo.20. FILED Jan. 17, 19 39 M M Crowe Local Registrar (Address) 400 607 Bldg

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. DO NOT SIGN THIS CERTIFICATE UNLESS YOU ARE A LICENSED EMBALMER. 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: _____

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.