

REC'D FEB 20 1939

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

1277

Do not use this space.

1. PLACE OF DEATH

(a) County Garrison Registration District No. 395
(b) Township Wagon Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 72 C Gen 1250 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.

Registered No. 290

2. PRINT FULL NAME

(a) Residence, No. 2811 Wenzel 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 Margarette Buech
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20 - 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 6 7
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as saw mill, bank, etc. Stationary
10. Date deceased last worked at this occupation (month and year) June 1939 Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jersey City N.J.
13. NAME No Record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
17. INFORMANT Dr. J. B. Anderson
(ADDRESS) Centralia, Kansas
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Jan - 24 - 1939
19. FUNERAL DIRECTOR (NAME) Mrs. R. L. Jaster
(ADDRESS) 918 Brooklyn N.C. Ave
20. FILED Jan 24 1939 M. B. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21-1939

22. I HEREBY CERTIFY, That I attended deceased from 1-19, 1939 to 1-21, 1939
I last saw him live on 1-21, 1939 Death is said to have occurred on the date stated above, at 11:40 PM
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Date of onset
Dehydration; Uremic
Chronic nephritis
Other contributory causes of importance: 121

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? 1
If so, specify _____
(Signed) P. J. De Marco, M. D.
(Address) 72 C Gen 1250

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.