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

REC'D FEB 20 1939

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

1321
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson — Registration District No. 399
(b) Township Kan — Primary Registration District No. 1002 — Registered No. 334
(c) City Kansas City — (d) Street No. 4101 E 19th 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 550 John Homann
(a) Residence, No. 4101 E 19th 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Freda Homann
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 9 - 1883
7. AGE: Years 55, Months 9, Days 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Syria

FATHER
13. NAME: Charles Homann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Syria

MOTHER
15. MAIDEN NAME: Eva Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Syria

17. INFORMANT (ADDRESS): Freda Homann 4101 E 19th St
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mt St Marys Cem DATE: 1/27 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): A Sibbet 901 East 5 St
20. FILED: Jan 26 1939 M. M. Crowe, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-26-39, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., to ....., 19....
I last saw h..... alive on ..... 30, 19.... Death is said to have occurred on the date stated above, at 11 A.M.
The principal cause of death and related causes of importance were as follows:

Deputy Coroner

Primary bronchogenic carcinoma of the left lung c̄ metastasis to the liver, kidneys, adrenals and cerebellum

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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?
If so, specify
(Signed) Victor W. Hunter, M. D.
(Address) Gen Hosp, K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.