

REC'D FEB 20 1939

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

1334
Do not use this space.

Registered No. 347

1. PLACE OF DEATH

(a) County Jackson Registration District No. 1
(b) Township Rau Primary Registration District No. 1
(c) City Kansas City, Mo (d) Street No. Gen Hospital #2 St. Mo
(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. 455 Chester Coleman St. Unknown (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 male 4. COLOR OR RACE Cloved 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 unk.

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc.
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) unk Total time (years) spent in this occupation unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

FATHER 13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) B. L. Graham
2208 7th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE Jan 17 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) B. L. Graham
2208 7th St

20. FILED Jan 27 1939 M. M. Crowe Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2-39 19

22. I HEREBY CERTIFY That I attended deceased from 1-2-39 to 1-2-39, 19...
I last saw h. Deputy Coroner 19... Death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

1st 3rd Degree Burn of Body & 2 hands Date of onset 181

Other contributory causes of importance:

Name of operation Fracture Date of 1-2-39

What test confirmed diagnosis? Fracture Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accidental Date of injury 1-2-39, 19...

Where did injury occur? Kans (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public

Manner of injury Burn by steam from Pican Pan while

Nature of injury on right 3 body - Burn 3 body

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Russell's

(Signed) Russell's, M. D.

(Address) Blue Ridge

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

B. L. Graham

Licensed Embalmer No. *2540*

P. O. Address *2208 Vine St.*

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.