

REC'D FEB 20 1939

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

1364

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. 377  
(c) City Kansas City (d) Street No. 5515 Prospect 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

360 Melvin Harry Etter  
(a) Residence, No. 5515 Prospect Ave 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single - child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... mln.  
3 4 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant  
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) Kansas City Mo

FATHER 13. NAME Thomas Malcolm Etter

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

MOTHER 15. MAIDEN NAME Florence Josephine Moose

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hoxie, Kansas

17. INFORMANT (ADDRESS) Parents - Thomas Etter

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Ceme DATE 1/30 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. F. Mayberry  
2315 Linwood St. Mo

20. FILED Jan 29 1939 M. M. Crowe Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936, to Jan 27 1939

I last saw him alive on Jan. 25 1939. Death is said to have occurred on the date stated above, at 6:15 P.M.

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

Broncho-pneumonia

Date of onset  
Jan 7  
1939

Other contributory causes of importance:

Encephalitis - convulsions Jan. 1936  
Idiocy

Name of operation clinical Date of

What test confirmed diagnosis? observation 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

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) Charles J. Eldridge M. D.

(Address) 6247 - Brookside Blvd

KC Mo

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HEALTH SERVICES

**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.**