

DEC'D FEB 21 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

2002
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 198
 (b) Township Excelsior Primary Registration District No. 3011 Registered No. 11
 (c) City Excelsior Springs (d) Street No. _____ 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 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 536 Alfred Wear Snider 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) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sine Nevada
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18-1855
 7. AGE YEARS 83 MONTHS 6 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Patrolman
 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown Hill DATE Jan 28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

20. FILED

Jan 27, 1939 Korona M. Brackner
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1939
 22. I HEREBY CERTIFY That I attended deceased from Dec 1 1938 to Jan 23 1939
 I last saw him alive on Dec 21 1938. 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:

Coronary occlusion Date of onset Jan 24-39
945

Other contributory causes of importance:

General Arterio Sclerosis

Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____ 1939

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 none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) G. D. Brannen, M. D.

(Address) Excelsior Springs Mo.

ATTACH TO CERTIFICATE OF DEATH
AND
STATE OF NEW YORK
DEPARTMENT OF HEALTH

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 1/7/39

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.