

REC'D MAR 9 1939

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

5233

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kanaw Primary Registration District No. 1002 Registered No. 432
(c) City Kansas City (d) Street No. General Hosp # 2 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 614 yrs. mos. 0 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2118 Park St. (If nonresident, give city or town and State)
(Usual place of abode, if not street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Garfield
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 1888
7. AGE YEARS 50 MONTHS 11 DAYS 22 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as saw mill, bank, etc. Barber
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) Scobie Miss
13. NAME James E. Garfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss
15. MAIDEN NAME Francis M. Dintye
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss
17. INFORMANT Ida Garfield (ADDRESS) 2118 Park
18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE Feb. 2 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. B. Moore
1920 E-18-St.
20. FILED 71 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28-39 1939
22. I HEREBY CERTIFY, That I attended deceased from _____ 1939 to _____ 1939
I last saw him Deputy Coroner _____ 1939. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:
Shot wound, abdomen Date of onset _____
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis Pulm Was there an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Homicide Date of injury 1-25-39
Where did injury occur? Scobie (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Shot wound
Nature of injury abdom
24. Was disease or injury in any way related to occupation of deceased? 4
If so, specify _____
(Signed) Russell W. Ben, M. D.
(Address) Scobie

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..... *Edw G Evans*

Licensed Embalmer No..... *3876*

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.