

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.

1939 MAR 9

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

5803
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 1211 Jefferson 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

George Sterk
 (a) Residence, No. 1211 Jefferson 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No Record

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No Record

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) No Record

FATHER 13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER 15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Rev. M. S. Donald
416 West 12th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Feb. 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) QUIRK & TOBIN CO.
Kansas City, Mo.

20. FILED 76 1939 M. M. Crowe
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4-39 1939

22. I HEREBY CERTIFY, That I attended deceased from 10 to 11 1939
 I last saw deceased on 2-4-39 1939. Death is said to have occurred on the date stated above, at 11 m.
 The principal cause of death and related causes of importance were as follows:

Bronchocystis
Bronchopneumonia
 Date of onset 10/7/38
 Other contributory causes of importance:

Name of operation Autopsy Date of 10/7/38
 What test confirmed diagnosis Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Violence Date of injury 10/7/38
 Where did injury occur? Home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Violence
 Nature of injury Violence

24. Was disease or injury in any way related to occupation of deceased? U
 If so, specify Violence
 (Signed) Quirk & Tobin, M. D.
 (Address) Kansas City, Mo.

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.