

1939 MAR 9 1939

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

5350
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. 5318 Independence Registered No. 549
(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. 5210 Independence 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 1886

7. AGE YEARS 53 MONTHS 0 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as saw mill, bank, etc. Salon, Beer
10. Date deceased last worked at this occupation (month and year) Feb. 7 39 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth Kans

FATHER 13. NAME Unk. Meyer

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

MOTHER 15. MAIDEN NAME Carrie Unkenau

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

17. INFORMANT (ADDRESS) Mrs Carrie Meyer 5210 Independence

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE Feb. 10 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Newcomer Sons Brush Creek & Paseo

20. FILED 29 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8-39

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive in Admty Carson 1939 Death is said to have occurred on the date stated above, at 12:00 noon

The principal cause of death and related causes of importance were as follows:
Punch wound of the head

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to natural causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury 2-8-39

Where did injury occur? K. C. Mo (Specify city, county, and State)

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

Manner of injury Shot self

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 4

If so, specify _____

(Signed) W. B. Butler M. D.

(Address) San Jose, K. C. 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

Lawrence Carr

Licensed Embalmer No. 4031

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.