

LICKED MAR 9 1939

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

5399
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Leas Primary Registration District No. 1007
(c) City Janaoa (d) Street No. Menarsh Hospital Registered No. 598
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 MR. WALTER C. TABER
(a) Residence, No. 140 Richards Rd St. North Kansas city
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Unmarried

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1939 to Feb 10 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 27 1896
7. AGE YEARS 42 MONTHS 10 DAYS 13 If LESS than 1 day, hrs. or min.

I last saw h. alive on Feb 10 1939 Death is said to have occurred on the date stated above, at 12:00 p.m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Faber Flushing
9. Industry or business in which work was done, as saw mill, bank, etc. Service Municipal Airport
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 10 1/2

Pneumo - Acute - bilateral
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo 0

Other contributory causes of importance:

FATHER 13. NAME Joe Faber 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

MOTHER 15. MAIDEN NAME unknown 1

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

17. INFORMANT (ADDRESS) Mrs. F. J. Grimes Pauld, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Laola Kansas DATE Feb 12 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Newcomer 1 Omaha street Pauld

20. FILED 7 17 1939 M. M. Brown Local Registrar.

Name of operation Date of X-ray 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, 19

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) J. P. Brown M. D.
(Address) 306 E 12 st

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.

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. *2976*

P. O. Address *1401 Brush*

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.