

1230 MAR 9 1939

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

5484

Do not use this space.

683

1. PLACE OF DEATH

(a) County Jackson
(b) Township Lea
(c) City Kansas City, Mo.
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 399
Primary Registration District No. 1002
(d) Street No. 708 W 17th
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. 683

2. PRINT FULL NAME

(a) Residence, No. 4001 Harrison St St. Mo.
(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 Female
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 Arthur H James
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 04/17/1865
7. AGE YEARS 74 MONTHS 1 DAYS 10 If LESS than 1 day, hrs. min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc. at home
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) Canada

13. NAME Charles Dunham

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

15. MAIDEN NAME not know

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

17. INFORMANT Arthur D James
(ADDRESS) 6825 Manningdale Drive

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 2/17

19. FUNERAL DIRECTOR Stine-Pickelure
(ADDRESS) Kansas City, Mo.

20. FILED 2/17 1939 M. M. Brown
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1939 to Feb 17 1939

I last saw him alive on Feb 17 1939 Death is said

to have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

Acute Cachexia Dilatation
121

Other contributory causes of importance:
Coronary Sclerosis
Chr. Intestinal Reflux

Name of operation Lab. Date of no
What test confirmed diagnosis? Lab. 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 no
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) C. W. Cunniff M. D.
(Address) 708 W 17th St.

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.

will be my new facility

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)