

REC'D MAR 9 1939

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

5602
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 375
 (b) Township Kan Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. KC Gen Hosp Registered No. 801 St.
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 233 1/2 Chestnut Alerne Texas 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M
 4. COLOR OR RACE W.
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Owens
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 1910
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 29 / / 12
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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 1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22 1939
 22. I HEREBY CERTIFY, That I attended deceased from 2-12 1939 to 2-22 1939
 I last saw him alive on 2-22 1939 Death is said to have occurred on the date stated above, at 12:45 PM
 The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Date of onset 59
 Other contributory causes of importance: Toxic Nephrosis, hemie

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minn

FATHER 13. NAME Jacob Hammes

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

MOTHER 15. MAIDEN NAME Mary Weiler

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

17. INFORMANT (ADDRESS) Reward Clerk KC Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL Municipal Minn 2-23-39

19. FUNERAL DIRECTOR (ADDRESS) Peter J. Reppel 536 Campbell St

20. FILED 7/23 1939 M. M. Brown Local Registrar.

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 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) P. J. DeMarino, M. D.
 (Address) Superior Gen Hosp

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. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.