

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1939 MAR 9 1939

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

5611

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson
(b) Township Rau
(c) City K.C. Mo

Registration District No. 399

Primary Registration District No. 1002

(d) Street No. Wheatley Hosp.

(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. 1822 Agnes St. □
(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 He 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 1st 1866

7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.
72 6 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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
Housewife

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yellville, Ark.

13. NAME Edward Rollin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Caroline M. Crocker

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

17. INFORMANT (ADDRESS) Emma Ahernathy
1622 Agnes, K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL K.C. Mo
Highland Cemetery 2-24-39

19. FUNERAL DIRECTOR (ADDRESS) Flynn & Greenstreet
K.C. Mo

20. FILED 7/24 1939 M.M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH 10:10 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20-39

22. HEREBY CERTIFY that I attended deceased from Oct. 17 to Feb 20, 1939

I last saw her alive on Feb 20, 1939 Death is said

to have occurred on the date stated above, at 10:10 P.M.

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

Chronic Interstitial Nephritis Date of onset 12/1

Other contributory causes of importance: ✓

Name of operation Laboratory Date of ✓

What test confirmed diagnosis Laboratory Was there an autopsy? ✓

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? NO

If so, specify

(Signed) J.P. Brown M. D.

(Address) 1214 V. Ave. St.

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 Edw J. Evans

Licensed Embalmer No. 3836

P. O. Address 1814 E 15th St KC Mo

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.