

REC'D APR 17 1939

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

9513
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1119
 (c) City Kansas City (d) Street No. St. Lukes Hospital St.
 (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. of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 2 yr (Infant) John T. Deek Jr
 (a) Residence, No. 4142 Clark 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 13, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
0 0 0 0 3

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. Baby
 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) Kansas City Mo.

FATHER
 13. NAME John T. Deek
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

MOTHER
 15. MAIDEN NAME Louis Davis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Director, Kansas City

17. INFORMANT (ADDRESS) John T. Deek 4142 Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Mar 13 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) M. McCann's Lane 13 W. Ashcroft + Passio

20. FILE Mar 13, 1939 M. M. Browne
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1939 to Nov 11, 1939
 I last saw him alive on Nov 11, 1939 Death is said to have occurred on the date stated above, at 5:37 P. m.
 The principal cause of death and related causes of importance were as follows:
Massive Atherosclerosis
160 lb
 Other contributory causes of importance:
Broken Precordium

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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?
 If so, specify Rae K. K. K. K. K. D.
 (Signed) Rae K. K. K. K. D.
 (Address) 201 E. 28th St. City

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

5014-1-33 I X14223

one of the members of the funeral home

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. 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.