

APR 17 1939

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

9716  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City K.C. Mo. (d) Street No. General Hosp #2 Registered No. 1322  
 (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. 530 Robert Bennette St.   
907 1/2 E 18th (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 M. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3, 1888  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 50 3 17  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
 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

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

FATHER 13. NAME unknown

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Cora Pollard  
1001 1/2 E 18th

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Western Dental Col. 19.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bravitt Funeral Home  
1119 E 19th

20. FILED Nov 27 1939 M. M. Browne  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-20-39 19

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19  
 I last saw him alive on April 1st 1939 19. Death is said to have occurred on the date stated above, at 2:35 p.m.

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

Crushing Injury of Chest  
Automobile Trauma  
(Pedestrian)  
 Date of onset 2:35 p.m.

Other contributory causes of importance:

Name of operation None Date of None  
 What test confirmed diagnosis None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide. Accident Date of injury 3-17-39

Where did injury occur? None (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury auto trauma  
 Nature of injury crushing injury of chest

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify

(Signed) W. J. ... M.D.  
 (Address) ...

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.

**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

*Clifford J. Woods*

Licensed Embalmer No. *3106*

P. O. Address .....

**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.**