REC'D MAY 10 1939

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

13850
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. 1604
(c) City KANSAS CITY (d) Street No. 16 - EAST - 54TH STREET TERRACE 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 31 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
250

2. PRINT FULL NAME JOHN HEINS DEGEN
(a) Residence, No. 16 - EAST - 54TH STREET TERRACE 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: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. LILLIAN DEGEN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPTEMBER - 9 - 1907

7. AGE: Years 31 | Months 7 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AUDITOR
9. Industry or business in which work was done, as saw mill, bank, etc. STANDARD OIL CO.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) KANSAS CITY
(STATE OR COUNTRY) MISSOURI

FATHER
13. NAME WILLIAM DEGEN
14. BIRTHPLACE (CITY OR TOWN) NEW ATHENS
(STATE OR COUNTRY) ILLINOIS

MOTHER
15. MAIDEN NAME NETTIE HEINS
16. BIRTHPLACE (CITY OR TOWN) KANSAS CITY
(STATE OR COUNTRY) MISSOURI

17. INFORMANT MRS. LILLIAN DEGAN
(ADDRESS) 16 - EAST - 54TH ST. TERRACE

18. BURIAL, CREMATION, OR REMOVAL
PLACE FOREST HILL DATE APRIL - 18, 1939

19. FUNERAL DIRECTOR (NAME) D. W. NEWCOMER'S SONS
(ADDRESS) 1401 - BRUSH CREEK BLVD

20. FILED Apr 17, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL - 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1939, to April 16, 1939
I last saw him alive on April 15, 1939. Death is said to have occurred on the date stated above, at 5:00 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Acute~~ Subacute Bacterial Endocarditis	Aug. 1938

Other contributory causes of importance: 9/a

Name of operation None Date of
What test confirmed diagnosis? Autopsy 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 ....., 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) Ellis N. Wellbaum, M. D.
(Address) Plaza Med Bldg K.C. Mo

Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PERMANENT RECORD — DO NOT FOLD OR BEND — WRITE PLAINLY — DO NOT WRITE ON THIS MARGIN

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 Neil Carr

Licensed Embalmer No. 3976

P. O. Address 1401 Bushree

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.