WHITE 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.

I X14028

DEC'D MAY 10 1939

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

13925
Do not use this space.

1679

1. PLACE OF DEATH
(a) County Jackson
Registration District No. 399
(b) Township Kaw
Primary Registration District No. 1002
Registered No.
(c) City Kansas City
(d) Street No. 2012 Agnes 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., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Lashaway
(a) Residence, No. 2012 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: 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: Mary Lashaway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 17, 1859

7. AGE: YEARS 80 | MONTHS 2 | DAYS 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. Harness Worker
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): Troy Kansas

FATHER
13. NAME: John Henry Lashaway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

17. INFORMANT (ADDRESS): Mary Lashaway 2012 Agnes

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Apr 22 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): D. M. Newcomer's Son Brushcreek & Paseo

20. FILED Apr 21, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938, to Apr 20, 1939.
I last saw him alive on 4-20, 1939. Death is said to have occurred on the date stated above, at 715A m.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset: unknown

94B

Other contributory causes of importance:

Name of operation: none. Date of
What test confirmed diagnosis? none Was there an autopsy? no

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) William M Korth, M. D.
(Address) 925 Argyle Bldg

(Licensed Embalmer's Statement on Reverse Side)

Argyle U1-1105
11 30 12 30

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 Bushcreek

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.