

REC'D MAY 10 1939

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

13989

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kennett Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 661 Park 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:

(a) Residence, No. 661 Park 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 Wht 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) Apr. 22 - 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 8 hrs. or min. 8 hours
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 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) K.C. Mo.
 FATHER 13. NAME Levin Straight
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milan Tex.
 MOTHER 15. MAIDEN NAME Josephine Maggio
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C. Mo.
 17. INFORMANT (ADDRESS) Josephine Maggio
K.C. Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Mary's DATE April 24, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. E. Scardin
901 E. 5th
 20. FILED Apr 24, 1939 M. M. Brown
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1939
 22. I HEREBY CERTIFY, that I attended deceased from April 22, 1939, to April 23, 1939.
 I last saw him alive on Apr. 23, 1939. Death is said to have occurred on the date stated above, at 3 P. M.
 The principal cause of death and related causes of importance were as follows:
Patent Foramen Ovale Date of onset 1876
 Other contributory causes of importance: _____
 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 _____
 (Signed) A. E. Scardin, M. D.
 (Address) 1805 1/2 Ind. Ave

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.....

Licensed Embalmer No.....

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.