

DEC'D MAY 10 1939

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

13972
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 3 Registration District No. 395
(b) Township Raw Primary Registration District No. 1002 Registered No. 1726
(c) City Kansas City (d) Street No. 821 Grand Ave 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

530 William H. Tint
(a) Residence, No. 4601 So. Benton 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Tint
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7, 1896
7. AGE YEARS 43 MONTHS 1 DAYS 15 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Grocery
9. Industry or business in which work was done, as saw mill, bank, etc. Manager A.P. Store
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Omaha
(STATE OR COUNTRY) Nebraska

FATHER 13. NAME Jacob Tint
14. BIRTHPLACE (CITY OR TOWN) Russia
(STATE OR COUNTRY) 7

MOTHER 15. MAIDEN NAME Sarah Tink
16. BIRTHPLACE (CITY OR TOWN) Russia
(STATE OR COUNTRY) 7

17. INFORMANT Lester Tint
(ADDRESS) 4601 So. Benton

18. BURIAL, CREMATION OR REMOVAL PLACE Shelburne DATE 4-23-39

19. FUNERAL DIRECTOR (NAME) J. P. Louis Turner
(ADDRESS) St. C. Mo.

20. FILED Apr. 24 39 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1938 to Apr. 20, 1939
I last saw him alive on Apr. 20, 1939. Death is said to have occurred on the date stated above, at 9:30 P. m.

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

Coronary disease.
Chr. myocarditis
930

Date of onset

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? EKG 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) Philip J. J. J. M. D.
(Address) 416 Bridge St. City

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.