

REC'D MAY 16 1939

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

15108
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 3 Registration District No. 7400
 (b) Township Wagon Wheel Primary Registration District No. 5553B
 (c) City Little Chief 1 (d) Street No. J. C. Stone Registered No. 107
 (e) Length of residence in city or town where death occurred 10 yrs. (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 531 Julia ave - St. Kansas City, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Addie A. Nave
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1870
 7. AGE YEARS 68 MONTHS 4 DAYS 5 IF LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Teacher
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) Jackson County (STATE OR COUNTRY) Missouri
 FATHER 13. NAME no record
 14. BIRTHPLACE (CITY OR TOWN) no record (STATE OR COUNTRY) 9
 MOTHER 15. MAIDEN NAME no record
 16. BIRTHPLACE (CITY OR TOWN) no record (STATE OR COUNTRY) 9
 17. INFORMANT Mrs. Addie A. Nave (ADDRESS) 531 Julia ave
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Washington DATE April 28, 1939
 19. FUNERAL DIRECTOR Engel C. Carson (ADDRESS) Independence, Mo.
 20. FILED 4/29/39 Lara G. Barnes Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1939
 22. I HEREBY CERTIFY, that I attended deceased from Jan. 1, 1939 to 4-21, 1939
 Last saw him alive on 4/20, 1939 Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset Several months
 Other contributory causes of importance: 82%
Descriptive
 Name of operation Date of
 What test confirmed diagnosis clinical 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) J. W. Geever M. D.
 (Address) Independence

700

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,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)