

REC'D JUN 8 1939

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

17514  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson | Registration District No. 395  
(b) Township Raw | Primary Registration District No. 1002  
(c) City Kansas City Mo. (d) Street No. Hesley Hospital Registered No. 1916 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

6/2 Albert Surface  
(a) Residence, No. Raytown Missouri 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 White 5. SINGLE/MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lydia Peepes  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1868  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 2 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer  
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 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana13. NAME Dan Surface14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana15. MAIDEN NAME Lydia Lister16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT J. H. Garner  
(ADDRESS) R.F.D. #3 K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Elston Mo. DATE May 7, 193919. FUNERAL DIRECTOR (NAME) C. Clark  
(ADDRESS) Raytown Mo.20. FILED May 7 1939 M. M. Grome  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 193922. I HEREBY CERTIFY, That I attended deceased from May 3, 1939 to May 6, 1939I last saw him live on May 6, 1939 Death is said to have occurred on the date stated above, at 108 m.

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

Lobar Pneumonia Date of onset 5-1-39Other contributory causes of importance: Lobar Pneumonia 5-1-39Name of operation no Date of noWhat test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19noWhere did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) J. F. Mackey, M. D.(Address) Kansas City, Mo.

**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

*E. Clark Ferguson*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*E. Clark Ferguson*

Licensed Embalmer No.....

*3983*

P. O. Address.....

*Raytown Mo.*

**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.**