

REC'D JUN 8 1939

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

17537
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. _____
 (b) Township Town Primary Registration District No. _____
 (c) City Kansas City, Mo. (d) Street No. St. Lukes 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.

Registered No. 1939

2. PRINT FULL NAME

Edward O. Mc Mahan
 (a) Residence, No. _____ St. Rich Hill, Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city of 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 alice Mc Mahan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug. 21, 1868
 7. AGE YEARS 70 MONTHS 8 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. construction contractor
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1939
 22. I HEREBY CERTIFY That I attended deceased from April 15 1939 to May 5 1939
 I last saw _____ alive on May 5 1939. Death is said to have occurred on the date stated above, at 8:20 a.m.
 The principal cause of death and related causes of importance were as follows:

Coronary occlusion
9410
 Other contributory causes of importance:
hypertension
coronary sclerosis
arteriosclerosis

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Casper Co, Mo.

FATHER 13. NAME John Mc Mahan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Susan Fisher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Hadley Fisher Rich Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn Ex. DATE May 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Broad Service Rich Hill, Mo.

20. FILED May 8 1939 M. M. Brown Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis blunt 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 _____ (Signature) H. P. Boughman, M. D.
 (Address) 1116 Pine St. St. Louis

WRITE 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.

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.