

REC'D JUN 8 1939

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

17594
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1996
 (c) City Kansas City, Mo. (d) Street No. Home 3104 Michigan 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., W. of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harry Hampton Nowlin

(a) Residence, No. 3104 Michigan 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 2, 1914</u>		
7. AGE <u>25</u>	YEARS	MONTHS <u>8</u>
		DAYS <u>10</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Antique dealer</u>	
	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 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 5-12-1939, to May 12-1939.
 I last saw him alive on 5-12-1939. Death is said to have occurred on the date stated above, at 5:30 A.M.
 The principal cause of death and related causes of importance were as follows:
General Pulmonary tuberculosis
26
 Other contributory causes of importance:
Potts Disease (high cervical)
Age 3

12. BIRTHPLACE (CITY OR TOWN) Oklahoma City
 (STATE OR COUNTRY) Okla

13. NAME Harry D. Nowlin

14. BIRTHPLACE (CITY OR TOWN) Missouri City, Mo.
 (STATE OR COUNTRY)

15. MAIDEN NAME Julia Nowlin

16. BIRTHPLACE (CITY OR TOWN) McKenzie, Tenn
 (STATE OR COUNTRY)

17. INFORMANT Kathleen Nowlin (Aunt)
 (ADDRESS) 3104 Michigan, K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Missouri City, Mo. DATE May 13, 1939

19. FUNERAL DIRECTOR (NAME) Norton Funeral Home
 (ADDRESS) North Kansas City, Missouri.

20. FILED May 12 1939
M. M. Brown
 Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Spurium 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) A. M. Ziegler M. D.
 (Address) 201 Pleasant Street, Reddy
in absence of Dr. P. P. Bingham
Prof. Reddy.

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,

personally

....., or by

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

Signed.....

Harold L. Posa

Licensed Embalmer No. 3605

P. O. Address North Kansas City, 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.