

REC'D JUN 8 1939

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

17646  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Low Primary Registration District No. 1002  
 (c) City R.C. Mo. (d) Street No. 2800 Registered No. 2048  
East 24th St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.   
 (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

(a) Residence, No. 2800 East 24th 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Barney Menley  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-8-1862  
 7. AGE YEARS 77 MONTHS 3 DAYS 6 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. News wife  
 9. Industry or business in which work was done, as saw mill, bank, etc. News wife  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939, to May 14, 1939  
 I last saw h. alive on May 14, 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:

Uremic poisoning  
chronic interstitial nephritis  
59  
 Date of onset 3-12-39

Other contributory causes of importance: Diabetes years

Name of operation none 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? no Date of injury....., 1939  
 Where did injury occur? none  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury U  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) H.H. Lane, M. D.  
 (Address) 824 Realto Alley

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia  
 FATHER 13. NAME Daniel J. Collins 1  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5  
 MOTHER 15. MAIDEN NAME Hanora Wrenn  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 17. INFORMANT (ADDRESS) Mrs Frank Bonglins  
2800 E. 24th R.C. Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Colvary DATE 5-17- 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Melody McGilly  
R.C. Mo.  
 20. FILED May 16 39 M.M. Brown  
 Local Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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**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.**