

REC'D JUN 8 1939

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

17691
Do not use this space.

1. PLACE OF DEATH

(a) County..... Jackson Registration District No. 399
(b) Township..... Kaw Primary Registration District No. 1002
(c) City..... K. C. Mo. (d) Street No. 3118 Broadway 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. 2093

2. PRINT FULL NAME

264 Fred B. McCrillus
(a) Residence, No. 3118 Broadway St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 6 9

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.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth, Kansas13. NAME Erostus McCrillus14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland15. MAIDEN NAME Margaret Amanda Dunlap16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland17. INFORMANT (ADDRESS) Mrs. Emma Thompson
3118 Broadway18. BURIAL, CREMATION, OR REMOVAL PLACE Leavenworth DATE May 20, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. Wagner
Kansas City, Mo.20. FILED May 19, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 193922. I HEREBY CERTIFY, That I attended deceased from 5-15-39 to 5-17-39I last saw him alive on 5-16-39. Death is said to have occurred on the date stated above, at 5:30 m. pm

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

Cerebral Hemorrhage.

Date of onset

Other contributory causes of importance:

Old Arteriosclerosis and "Multiple Sclerosis"Name of operation no Date of noWhat 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 noneNature of injury SA

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Johnson A Myers M. D.(Address) Kansas City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr. John Myers

Dr. W. A. Myers

Shukert Bg

VI 3925

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.