

REC'D JUN 8 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
17723
Do not use this space.

1. PLACE OF DEATH

 (a) County Jackson Registration District No. 399
 (b) Township Kau Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. St Lukes Hosp Registered No. 2125
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

120 Harry French De Page
 (a) Residence, No. 4244 Holly St. 9
 (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

 HUSBAND OF Mary E. De Page
 (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/12/1889
 7. AGE YEARS 49 MONTHS 10 DAYS 9 If LESS than 1 day, hrs. or min. Day

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

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) Missouri13. NAME Harry De Page14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Jessie Hovey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Mary E. De Page
4244 Holly18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE May 23 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) St. Michaels
3236 Hickory, Plaza K. C. Mo20. FILED May 27 1939 M. B. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-21-39, 19
 22. I HEREBY CERTIFY, That I attended deceased from 5-20-39, 19, to 5-21-39, 19.

 I last saw him alive on 5-21-39, 19. Death is said to have occurred on the date stated above, at 2:30 A.M.

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

Hypertensive Cardio-vascular disease
Cerebral Hemorrhage
 Date of onset 5-20-39

Other contributory causes of importance:

 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? yes

 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) Don H. Wheeler M. D.
 (Address) 1500 Professional Bldg

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.