

REC'D JUN 8 1939

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

17725

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kansas City, Mo Primary Registration District No. 1002  
 (c) City Kansas City, Mo (d) Street No. Research Hosp Registered No. 2127  
 (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. 100 MR. WALTER HAPPY  
LIBERTY, MISSOURI 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) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Molly Happy  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22, 1860  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
78 10 0  
 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. Farmer  
 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) Ray Co., Mo  
 FATHER 13. NAME Harvey Happy 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 MOTHER 15. MAIDEN NAME Jane Roelle 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 17. INFORMANT Mrs. Bessie Blaw (ADDRESS) 294 Pine St. Liberty, Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Baptist Church DATE 5-25 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gibson & Son  
Orrick, Mo.  
 20. FILED May 22, 1939 M. M. Crowe  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/22, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from May 1937 to 5/22, 1939  
 I last saw him alive on 5/22, 1939. Death is said to have occurred on the date stated above, at 10:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of stomach with widespread metastases in entire abdominal cavity. Date of onset 4/5  
 Other contributory causes of importance:  
Chronic myocarditis  
 Name of operation Ephorionomy Date of 5/20/39  
 What test confirmed diagnosis? Biopsy 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?  
 If so, specify (Signed) (Gustafson), M. D.  
 (Address) Liberty, Mo.

**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, 2299

~~\_\_\_\_\_~~, or by B. Gibson

Registered Apprentice No. 151, working under my personal supervision.

Signed B. Gibson

Licensed Embalmer No. 2299

P. O. Address Osick, 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.**