

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

17740

Do not use this space.

JUN 8 1939

1. PLACE OF DEATH

(a) County Johnson Registration District No. 395
 (b) Township Law Primary Registration District No. 1002 Registered No. 2142
 (c) City Kansas City (d) Street No. Menorah Hospital St.
 (e) Length of residence in city or town where death occurred 8 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 355 Henry Edward Footman St. (If nonresident, give city or town and State)
Winwood Lake (Usual place of abode, if no street address, write county or city)

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 (OR) WIFE OF Lucille J. Footman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 3 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, Insurance
 9. Industry or business in which work was done, as saw mill, bank, etc. Broker
 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) Sacramento California

FATHER 13. NAME Henry E. Footman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

MOTHER 15. MAIDEN NAME Janette Presley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

17. INFORMANT (ADDRESS) Mrs. Lucille J. Footman
Winwood Lake Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE May 24 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. Newsome's Sons
Brushcreek + Paals

20. FILED May 23, 1939 M. M. Browne
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-21-, 1939, 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 8:25A m.

The principal cause of death and related causes of importance were as follows:
Ca pancreas Date of onset _____
46

Other contributory causes of importance:
metastasis

Name of operation Mrs Date of 4/10/39
 What test confirmed diagnosis? _____ 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) J. M. Montgomery M. D.
 (Address) 1332 Brog Rd

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.

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P...

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 George M. Collier

Licensed Embalmer No. 3839

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.