

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

17798
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Mad Primary Registration District No. 1002
 (c) City Kansas City, Mo. Street No. 1013 Charlotte 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.

2. PRINT FULL NAME

(a) Residence, No. 1013 Charlotte 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

3. SEX Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 37 2 59
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laber. wpa
 9. Industry or business in which work was done, as saw mill, bank, etc. Laber. wpa
 10. Date deceased last worked at this occupation (month and year) WPA 11. Total time (years) spent in this occupation WPA
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) marshall, Mo
Dean County
 FATHER 13. NAME Willie Franklin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known
 MOTHER 15. MAIDEN NAME Wanda Lewis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) state Kentucky
 17. INFORMANT (ADDRESS) Lucile Lewis
501 E 6th St.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 5/27 39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. G. Tate
2102 2nd
 20. FILED May 29 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-22-39
 22. I HEREBY CERTIFY, That I attended deceased from Sept 19 to Jan 19, 19...
 I last saw at home at 10:30 p.m. Death is said to have occurred on the date stated above, at 10:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Bullet wound, chest Date of onset
hemorrhage
hemorrhage
 Other contributory causes of importance:
 Name of operation Auty Date of Jan
 What test confirmed diagnosis Auty Was there an autopsy? no
 23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide homicide Date of injury 5-22-39
 Where did injury occur? at home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Bullet wound
 Nature of injury chest
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify no
 (Signed) Dr. G. L. Lewis M. D.
 (Address) 2102 2nd

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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..... *H. L. Harris, Sr.*

Licensed Embalmer No. *3388*

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.