

REC'D JUN 8 1939

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

17840  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Jaw Primary Registration District No. \_\_\_\_\_ Registered No. 2242  
 (c) City Kansas City (d) Street No. Theatley Por Hoop 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.  
670 Fred Engstrom Harris  
 2. PRINT FULL NAME  
 (a) Residence, No. 2319 Mabbg all. 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 m. 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Jessie Harris  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 1905  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
34 — 19  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Porter  
 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) Kansas City Kansas  
 FATHER 13. NAME James Engstrom  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk.  
 MOTHER 15. MAIDEN NAME Lillian Unk  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 17. INFORMANT Jessie Harris  
 (ADDRESS) 2318 Park  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 5/31 19. 39  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Watkins Bros 1729 Lydie  
 20. FILED May 31 1939 M. M. Brown  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-28-39 1939  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3:10 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Crushing Injury, Head Date of onset \_\_\_\_\_  
Fracture of Skull & Brain Damage  
knowlodge  
Crushing Injury, Chest  
 Other contributory causes of importance: 203  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Autopsy 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 5-20-39  
 Where did injury occur? Paris  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Industry  
 Manner of injury Caught in Elevator  
 Nature of injury Fracture of Skull, Crushing Chest  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Russell W. Jones M. D.  
 (Address) \_\_\_\_\_

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.

1 X14028

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, .....

*T B Atkins*

....., or by .....

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

Signed.....

*T B Atkins*

Licensed Embalmer No.....

*2889*

P. O. Address.....

*1729 Lydia*

**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.**