

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

**21086**  
Do not use this space.

1330 JUL 10 1939

**1. PLACE OF DEATH**

(a) County Jackson Co. 2 Registration District No. \_\_\_\_\_  
 (b) Township Kaw Primary Registration District No. \_\_\_\_\_ Registered No. 2254  
 (c) City Kansas City, Mo. Street No. 1342 Winchester 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**

Robert DELINAH Mawhiney (Robt. Delinah Mawhiney)  
 (a) Residence, No. 1342 Winchester 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anne Phillips  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1871  
 7. AGE YEARS 68 MONTHS 4 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. framer  
 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) Benton Co. Mo.

FATHER 13. NAME John Mawhiney  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mead, Ia.

MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Arthur Mawhiney  
 (ADDRESS) 1342 Winchester, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cross Timbers, Mo. DATE June 12, 1939

19. FUNERAL DIRECTOR J. H. Salsbery  
 (ADDRESS) 12 Marshall St. Kansas City, Mo.

20. FILED June 8 1939 M. M. Brown  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 8 1939  
 22. I HEREBY CERTIFY, That I attended deceased from June 3, 1939, to June 6, 1939.  
 I last saw him alive on June 15, 1939. Death is said to have occurred on the (date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

Apoplexy -  
arterio-sclerosis -  
 Date of onset 5-5-39

Other contributory causes of importance: \_\_\_\_\_

Name of operation Amputation Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury 6-8-39  
 Where did injury occur? Home (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) D. A. Marbury M. D.  
 (Address) 1800 W. 13th St. Kansas City, Mo.

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.

50M-7-20-37 I 1 X12004

Dr E Edward Martin  
Tel - Benton 3186  
6232

STATEMENT BY LICENSED EMBALMER

I, J. Leslie Surrency, Licensed Embalmer No. 3435  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed J. Leslie Surrency  
Licensed Embalmer No. 3435

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.)