

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.

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

21146

Do not use this space.

REC'D JUL 10 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Kaw Primary Registration District No. 1002

(c) City Kansas City (d) Street No. 3831 Baltimore Registered No. 2414 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 Sam Dalen (Sam Dalen)

(a) Residence, No. 3831 Baltimore 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 Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie Dalen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25, 1883

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

55 5 19

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. Produce Mer.

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) Russia 7

FATHER

13. NAME Unknown 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia 7

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT Gerald Dalen (ADDRESS) 3831 Baltimore

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel PLACE 6-13-39 DATE the 13th 1939

19. FUNERAL DIRECTOR (NAME) J. P. Lewis Funeral Home (ADDRESS) 3400 Woodland

20. FILED June 13, 1939 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1938 to June 12, 1939

I last saw him alive on Jan 12, 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:

Chronic myocarditis 1 year? Date of onset 1/31

Other contributory causes of importance: Chronic Bronchitis deced. about 3 years

Name of operation..... Date of.....

What test confirmed diagnosis? Laboratory 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? no

If so, specify.....

(Signed) Orren Jensen, M. D.

(Address) 220 Orange Belt

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.....

Licensed Embalmer No.....

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.