

JUL 10 1939

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

21348

Do not use this space.

1. PLACE OF DEATH **Jackson** <sup>2</sup>  
 (a) County **Kaw** Registration District No. **399**  
 (b) Township **Kansas City** Primary Registration District No. **1002**  
 (c) City **Kansas City** (d) Street No. **3607 Paseo** Registered No. **2616**  
 (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 **Sublette B Moreland**  
 (a) Residence, No. **3607 Paseo** St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOWER**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Unknown**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 8, 1857**

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, .....hrs. or .....min.
	<b>81</b>	<b>10</b>	<b>20</b>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **None**  
 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) **Kentucky** | **1**

FATHER 13. NAME **No record** | **9**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **No record** | **9**

MOTHER 15. MAIDEN NAME **No record**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **No record**

17. INFORMANT (ADDRESS) **James R Van Booven**  
**3607 Paseo**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 28, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **5/5**, 19**37**, to **6/27**, 19**39**  
 I last saw him alive on **6/27**, 19**39**. Death is said to have occurred on the date stated above, at **6.30 A.M.**  
 The principal cause of death and related causes of importance were as follows:

<b>Chronic Myocarditis</b>	Date of onset <b>3 yrs.</b>
<b>Chronic Nephritis</b>	<b>3 yrs.</b>

Other contributory causes of importance: **131**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? **Autopsy** 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**  
 (Signed) **John H. Hill**, M. D.  
 (Address) **3034 Harrison**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Second Creek, Mo.** DATE **June 30, 1939**

19. FUNERAL DIRECTOR (NAME) **Thomas E. Kirk Funeral**  
 (ADDRESS) **4316 Troost Ave K. C. Mo.**

20. FILED **June -29 1939 M.M. Browne**  
 Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

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.

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**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.**