

AUG 7 1939

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

24507

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson / Registration District No. 399
(b) Township Law / Primary Registration District No. 1002
(c) City R.C. Mo / (d) Street No. St. Joseph Hospital / Registered No. 2720
(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. 4 / How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

560 Robert McNear
(a) Residence, No. St. Anthony's Home for Infants 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 (write the word) Single - Baby
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20 1939
7. AGE YEARS MONTHS DAYS / LESS than 1 day, hrs. or min.
Five / Fifteen
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) McPherson, Kans

FATHER 13. NAME no record / 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Mary McNear / 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McPherson, Kans

17. INFORMANT (ADDRESS) St. Anthony's Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's / DATE July 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Wagner

20. FILED July 6, 1939 / M. M. Brome / Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1939
22. I HEREBY CERTIFY, That I attended deceased from March 10, 1939, to July 5, 1939,
I last saw him/her alive on July 3, 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:

Malnutrition due to severe plastic Peritonitis / etiology undetermined / Date of onset Feb. 20, 1939

Other contributory causes of importance: 118C

Name of operation none / Date of operation
What test confirmed diagnosis? Cultures / 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
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? Yes
If so, specify

(Signed) Joseph G. Coward, M. D.
(Address) 1308 Waldheim Bldg.

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.