

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

24539
Do not use this space.

DEC'D AUG 7 1939

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 379
 (b) Township Kaw 1 Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 1027 E. 9 Registered No. 2752 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

(a) Residence, No. 1027 E. 9 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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Newton Sharpe (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 1878
 7. AGE YEARS 61 MONTHS 5 DAYS 12 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) no record (STATE OR COUNTRY) Tenn.

FATHER 13. NAME John Goider 1
 14. BIRTHPLACE (CITY OR TOWN) no record (STATE OR COUNTRY) Ill

MOTHER 15. MAIDEN NAME Elizabeth Butler 1
 16. BIRTHPLACE (CITY OR TOWN) no record (STATE OR COUNTRY) Ind.

17. INFORMANT Mrs. Powell (ADDRESS) 1027 E. 9

18. BURIAL, CREMATION, OR REMOVAL PLACE Jonesboro Burial DATE July 10, 1939

19. FUNERAL DIRECTOR (NAME) Bentley Mortuary (ADDRESS) Ric. no

20. FILED July 8, 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1939

22. I HEREBY CERTIFY that I attended deceased from July 3, 1939, to July 7, 1939
 Last seen alive on July 7, 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:

Arteriosclerosis
Chronic Myocarditis
930
 Date of onset
 Other contributory causes of importance:
Liberal Demorrhage

Name of operation None Date of _____
 What test confirmed diagnosis? Lab. Was there an autopsy? Y

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?
 If so, specify _____
 (Signed) Edward C. Powell, M. D.
 (Address) 712 Argyle Bldg.

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.

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, Y

or by _____

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

Signed

Ray Buffington

Licensed Embalmer No. 2756

P. O. Address

R. O. 400

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.