

AUG 7 1939

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

24650

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kear Primary Registration District No. 1002 Registered No. 2863
(c) City K.C. (d) Street No. St. Mary's Hospital 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. 350 Baby 4417 S 28th KCK St. (If nonresident, give city or town and State)
TOTTEN

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 2

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. None
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

13. NAME William Totten
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

15. MAIDEN NAME Margie Lewis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) William Totten 4417 S 28th KCK18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Myrtle Hill July 17, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter Gibson KCK20. FILED July 16 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1939
22. I HEREBY CERTIFY, that I attended deceased from July 13 1939 to July 15 1939
Last saw him alive on July 15 1939 Death is said to have occurred on the date stated above, at 1600 B m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 7-13-39
- Bleeding into
1600 B
Other contributory causes of importance:
Talipes Calcaneus -
fracture

Name of operation None Date of None
What test confirmed diagnosis? Exam Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1939
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify None
(Signed) Walter Gibson M. D.
(Address) 933 Bro 7 Bldg

D. H. Haggan

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.