

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.

REC'D AUG 7 1939

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

24735  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City or (d) Street No. St. Luke's Hospital Registered No. 2948 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 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Franklin P. Eyman

(a) Residence, No. 206 W. 66th St. Terrace 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 Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary Eyman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25, 1890

7. AGE YEARS 48 MONTHS 8 DAYS 25 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. General Agent  
 9. Industry or business in which work was done, as saw mill, bank, etc. Chicago & North-Western Railroad  
 10. Date deceased last worked at this occupation (month and year) ..... Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Milwaukee, /  
 (STATE OR COUNTRY) Wisconsin /

FATHER 13. NAME Frank P. Eyman /  
 14. BIRTHPLACE (CITY OR TOWN) Ohio /  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Alice Prickett  
 16. BIRTHPLACE (CITY OR TOWN) Indiana  
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Mary Eyman  
 (ADDRESS) 206 W. 66th Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago, Ill. DATE July 22, 1939

19. FUNERAL DIRECTOR (NAME) Freeman Mortuary  
 (ADDRESS) 104 W. 42nd St., K.C., Mo.

20. FILED July 21, 1939 M. M. Brown  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 19 39

22. I HEREBY CERTIFY, That I attended deceased from 7-15, 19 39, to 7-20, 19 39

I last saw him alive on 7-20, 19 39. Death is said to have occurred on the date stated above, at 4:50 p.m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of left lung  
47

Other contributory causes of importance:

Name of operation none Date of .....  
 What test confirmed diagnosis? autopsy 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 ..... 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) Leis Vulliamy, M. D.  
 (Address) Phys. med. Bldg. - K.C. Mo.

**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 Clarence W. E.

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Clarence W. E. Chiles

Licensed Embalmer No.....

3473

P. O. Address.....

K. E. M. O.

**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.**