

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

24738

Do not use this space.

Registered No. 2951

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. 2315 Madison 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 Clinton Hewitt July
 (a) Residence, No. 2315 Madison St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma J. July

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-3-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 6 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
 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) Baxhalmen Indiana

FATHER 13. NAME Robert Columbus July

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record

MOTHER 15. MAIDEN NAME Mary Jane Bark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record Pa

17. INFORMANT (ADDRESS) Mrs. Vernon July
410 8 Virginia

18. BURIAL, CREMATION, OR REMOVAL PLACE Parent Hill DATE 7/22/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Beveler Mortuary
5811 Grand

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-18-39, 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____, 19____. 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:

Coronary Thrombosis
Acute myocardial infarction
Rupture of heart
 Date of onset 7-5-39

Other contributory causes of importance:
Hyperlipidemia

Name of operation _____ 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? _____
 If so, specify _____

(Signed) Russell W. Brown, M. D.
 (Address) _____

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, ✓

....., or by

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

Signed.....

Gary Ruffington

Licensed Embalmer No.....

2956

P. O. Address.....

R. C. Mo.

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.