

SEP 6 1939

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

28084
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON 2 Registration District No. 399
 (b) Township KAW Primary Registration District No. 1002 Registered No. 3086
 (c) City KANSAS CITY (d) Street No. 3826 CHARLOTTE 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

436 MRS. MARY M. POULTER
 (a) Residence, No. 3826 Charlotte 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.F. POULTER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30-1862

7. AGE YEARS 77 MONTHS 2 DAYS 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as law 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) LONE JACK Mo.

FATHER 13. NAME JOHN THOMAS 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) MISS TRIXIE SMITH 3826 Charlotte 6280

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE Aug 2, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D.W. NEWCOMERS SON 1401 BRUSH CREEK BLVD

20. FILED 2 19 37 M.M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 19 39

22. I HEREBY CERTIFY, that I attended deceased from June 26 to July 31, 19 39
 I last saw him alive on July 27, 19 39 Death is said to have occurred on the date stated above, at 10:25 P.M.

The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
Coronary Atherosclerosis
Myocardial Infarction
9/8

Date of onset
7-31-39
1920
1929

Other contributory causes of importance:
Senility 1929
Anginal Pectoris 1925
Hypertension 1925

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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) Don Carlos Pester M. D.
 (Address) 531 Oregon

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.

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FEDERAL BUREAU OF INVESTIGATION
DEPARTMENT OF JUSTICE
WASHINGTON, D. C. 20535

Dr. Don Collins
Argyle Blk
120-5

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

George M. Collie

Licensed Embalmer No. *3839*

P. O. Address *K.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.