

SEP 6 1939

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

28200
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 3202
 (c) City K. C. Mo. (d) Street No. St Lukes 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 E. Bruce McDonald (Edmond Bruce McDonald)
 (a) Residence, No. Bellerive Hotel 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 (write the word) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Aileen Mrs. Lester G. Griffith
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1897
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 7 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Manufacturer
 9. Industry or business in which work was done, as saw mill, bank, etc. Ovens
 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) Kansas City, Mo.

13. NAME A. G. McDonald

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Aletta Pelt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) O. J. McDonald, Dallas, Texas

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Aug. 14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. Wagner Kansas City, Mo.

20. FILED Aug 13 1939 M. M. Growe Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 11, 1939
 22. I HEREBY CERTIFY, That I attended deceased from July 27, 1939, to Aug 11, 1939.
 I last saw him alive on Aug 11, 1939. Death is said to have occurred on the date stated above, at 8:00 pm.
 The principal cause of death and related causes of importance were as follows:

Pirrhosis of liver
124 B
 Date of onset 7/27/39

Other contributory causes of importance:

Name of operation no Date of _____

What test confirmed diagnosis? physical 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) Kalestchauer, M. D.
 (Address) 820 prof Bldg

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.

Dr. R. C. Davis

Prof. Bg.

GR 2892

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.....

J. H. Wagner

Licensed Embalmer No. *#5*

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.