REGD SEP 6 1939

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

28228
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. 3250
(c) City Kansas 1 (d) Street No. 201½ W Seventh 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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John J. Wait
(a) Residence, No. 212 Ollis 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unk. 1888

7. AGE: Years 51 — Months — — Days — — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Labor
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): Do not know

FATHER
13. NAME: Do not know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not know

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Robert Sperling, 1311 Grunotte Ave

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Wadsworth Ks DATE: Aug 16 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Parentino Bros

20. FILED: 8/14 1939 M. M. Brown, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 13 1939

22. I HEREBY CERTIFY, That I attended deceased from ....19.... to ....19....
I last saw him alive on ....19.... Death is said to have occurred on the date stated above, at 8:10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
93c	

Other contributory causes of importance:

Name of operation ..... Date of ....
What test confirmed diagnosis? ..... Was there an autopsy?

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) Geo. H. Mehlin, M. D.
(Address) K.C. Mo

Licensed Embalmer's Statement on Reverse Side)

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.

AUG 3 1945

NOV 20 1944

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.