

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

32126
Do not use this space.

1. PLACE OF DEATH

(a) County Darwin Registration District No. 156
 (b) Township Grand River Primary Registration District No. 5219
 (c) City _____ (d) Street No. _____ 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21 1939

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

I HEREBY CERTIFY, that I attended deceased from Aug 28, 1939, to Sept 21, 1939.

I last saw him alive on Sept 21, 1939. Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 - 5

Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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

Myocardium
9 2 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Other contributory causes of importance:

FATHER 13. NAME Kyle Antell

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

MOTHER 15. MAIDEN NAME Mary Brooks

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

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.

17. INFORMANT (ADDRESS) Mrs. Lonnie Moore
3 - Harrisonville Mo

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge 9/23 39

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. S. Triplett, M. D.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) BRUNNER-LURGER'S
HARRISONVILLE, MO.

20. FILED 9/22, 1939 J. E. Wensley
Local Registrar.

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 Ernest R. Runnembarger

Licensed Embalmer No. 3368

P. O. Address Harrisonville

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.