

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

32578
 Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
 (b) Township Blue Primary Registration District No. 5554
 or Kansas City, Mo. (d) Street No. 8827 Winner Road 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.

Registered No. 292

2. PRINT FULL NAME Melvin C. Larkins

(a) Residence, No. 8827 Winner Road 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29, 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	69	10	20	

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<u>Millright</u>
	9. Industry or business in which work was done, as saw mill, bank, etc.	<u>Kansas Flour Mills</u>
	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) Illinois

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Floyd Larkins
 (ADDRESS) 1609 Drury, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Floral Hills DATE Sept. 21, 1939

19. FUNERAL DIRECTOR (NAME) C.H. Blackman & Son, Inc
 (ADDRESS) 2825 Inden. Blvd. K.C. Mo.

20. FILED 9-22-39 F.L. Crab
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1938, to 9/18/39

I first saw him alive on 9-18-39 Death is said to have occurred on the date stated above, at 2:15 m. AM

The principal cause of death and related causes of importance were as follows:

acute dilatation of heart
gaw
 Date of onset _____

Other contributory causes of importance:
Cerebral hemorrhage 9-16-39
arteriosclerosis several years

Name of operation none Date of _____
 What test confirmed diagnosis clinical 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? no

If so, specify: _____
 (Signed) M. C. Gaddy M. D.
 (Address) 6520 Inden. Ave

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..... *A. D. Blackman*

Licensed Embalmer No. *3639*

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.