

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

34920
Do not use this space.

Filed Nov 14 1939

1. PLACE OF DEATH
 (a) County Jackson, Registration District No. 399
 (b) Township Kaw, Primary Registration District No. 1007 Registered No. 3895
 (c) City Kansas City, Mo. (d) Street No. 5424 Blue Banks and Drury Avenues, 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 240 Virginia B. Kagel,
 (a) Residence, No. 1326 Lydia, 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) Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1871,

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 5 18'

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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

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

13. NAME John F. Kagel,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va.

15. MAIDEN NAME Maria -

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

17. INFORMANT (ADDRESS) Lottie L. Boring,
5424 Blue Banks & Drury, K.C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill, DATE Oct. 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClure,
3235 Gillham Plaza, K. C., Mo.

20. FILED Oct 9 1939 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 7th, 1939.

22. I HEREBY CERTIFY, That I attended deceased from July 10th, 1939, to Oct 7th, 1939
 I last saw him alive on Oct 7, 1939 Death is said to have occurred on the date stated above, at 9:00 pm

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

Myocarditis
131
 Other contributory causes of importance:
Chronic Nephritis

Name of operation None Date of
 What test confirmed diagnosis? The usual Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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 No Injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) R. Jones M. D.
 (Address) 309 E 10th St

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.

1-X14023

Dr. K. P. Jones

4403 PENN

WE. 98.98

309 E 1st, Ha 8376

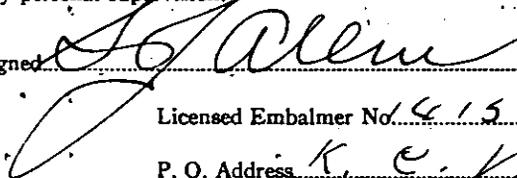
STATEMENT BY LICENSED EMBALMER

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. 415

P. O. Address K. E. Jones

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.