NOV 22 1939

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

36303
Do not use this space.

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1. PLACE OF DEATH
(a) County Jackson — Registration District No. 403
(b) Township Brooking — Primary Registration District No. 5557 — Registered No. [illegible]
(c) City Kansas City — (d) Street No. 43 and Blue Ridge 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 0 yrs. 2 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

615

2. PRINT FULL NAME Edward Goodwin Cherbonnier
(a) Residence, No. 2833 Parkwood Blvd. St. Kansas City, Kansas
(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 Annie Belle Case Cherbonnier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1847

7. AGE: YEARS 92 — MONTHS 8 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Powder
9. Industry or business in which work was done, as saw mill, bank, etc. expert, Laflin and Rand.
10. Date deceased last worked at this occupation (month and year) Oct. 1920
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Maryland

FATHER
13. NAME Andrew V. Cherbonnier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER
15. MAIDEN NAME Fannie Goodwin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT (ADDRESS) Mrs. Jas. L. Hogin 2833 Parkwood Blvd., K.C.K.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Cem DATE 10/9/39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. H. Long Mortuary 10 St. and Barnett Ave., K.C.K.

20. FILED 10-12, 1939 D. M. Eubank Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-2-39, 19..., to 10-6-39, 19...
I last saw him alive on 10-6-39, 19... Death is said to have occurred on the date stated above, at 2:15 P.M.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 10-2-39

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Other contributory causes of importance: Arteriosclerosis — years

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) [signature], M. D.
365 (Address) 925 Hayfyle

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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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, Harold L. Echternacht, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Harold L. Echternac

Licensed Embalmer No. 3035

P. O. Address Ad C Kansas

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.