

APR 15 1941

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

10415

Do not use this space.

1. PLACE OF DEATH

(a) County CLAY Registration District No. 201
(b) Township Liberty Primary Registration District No. 5280
(c) City Liberty (d) Street No. 27
(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

(a) Residence, No. 900 F. Home St. 0
(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 w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 1855

7. AGE YEARS 85 MONTHS 11 DAYS 0 If LESS than 1 day, hrs. or min.

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

13. NAME J. Mc Intyre

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

15. MAIDEN NAME Caroline Luister

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

17. INFORMANT (ADDRESS) Mrs Paul Rogers
Liberty, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE 900 F. Cemetery Liberty DATE 3/10/41

19. FUNERAL DIRECTOR (ADDRESS) Terrace Bell Funeral Home
Liberty, Missouri

20. FILED March 10, 1941 Allen Early
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9 1941

22. I HEREBY CERTIFY That I attended deceased from Liberty to March 9
I last saw him alive on March 8 1941. Death is said to have occurred on the date stated above, at 6:51 a.m.

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

Other contributory causes of importance:
167 lb

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?
Yes, specify _____ (Signed) J. H. Matthews, M. D.
(Address) Liberty, Mo

RECEIVED
District Health Officer No. 8,
District File Number
4-10-41
Date Filed

STATEMENT BY LICENSED EMBALMER

I, Victor E. Irmingier, Licensed Embalmer No. 2896

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Victor E. Irmingier

Licensed Embalmer No. 2896

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.)