

REC'D MAR 4 1938

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

5858

Do not use this space.

924

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 924
(c) City Kansas City, Mo. (d) Street No. 119 S. Askew 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

Harry O. Badger 396
(a) Residence, No. 119 S. Askew 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
Kittie O. Badger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 23, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 11 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Post Office Clerk
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) Mass.FATHER 13. NAME Frank Badger14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.H.MOTHER 15. MAIDEN NAME Jennie Pomroy,16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine17. INFORMANT Mrs. Kittie Badger,
(ADDRESS) 119 S. Askew, K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Topeka, Kansas DATE Feb. 28-3819. FUNERAL DIRECTOR C.H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.20. FILED 27 27 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24-38 193822. I HEREBY CERTIFY, That I attended deceased from January 5, 1938 to February 24, 1938I last saw him alive on February 24, 1938. Death is said to have occurred on the date stated above, at 7 PM m.

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

Intestinal ObstructionDate of onset
GradualOther contributory causes of importance:
Tubercular PeritonitisName of operation _____ Date of _____
What test confirmed diagnosis? Clin. & Lab. Was there an autopsy? No.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) Charles J. Ross, D.O.
(Address) Conley Clinical Hospital
619 Bedford

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,, Licensed Embalmer No.....

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

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)