

REC'D APR 23 1938

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

9573

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township 7 Can Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 72 C Gen Hosp Registered No. 1028
(If death occurred in hospital or institution, write its name instead of street and number) St.
(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. 1330 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-22-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 11 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labourer
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) Ohio

FATHER 13. NAME Luther Strauss

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

MOTHER 15. MAIDEN NAME Jennie Jones

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

17. INFORMANT (ADDRESS) De Wad Clerk 72 C Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL Coschocton Ohio 3-6-38

19. FUNERAL DIRECTOR (ADDRESS) Quinn - Tolson 20 W. Pinwood

20. FILED Mar 6 1938 M. M. Brown

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-5-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-25-38, 1938, to 3-5-38, 1938

I last saw him live on 3-5-38, 1938 Death is said

to have occurred on the date stated above, at 2:20 am

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

Carcinoma of pharynx
Bronchopneumonia

Date of onset

45

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy Yes

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?

specify

(Signed) P. F. De Mars, M. D.

(Address) Supr 72 C Gen Hosp

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.)