

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.

REC'D APR 23 1938

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

9895
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 1003
 (c) City Kansas City, Mo. (d) Street No. Trinity Lutheran Hosp Registered No. 1360
 (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. 7 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JALE LE ROY WAINWRIGHT 5621
 (a) Residence, No. HOLDEN, MISSOURI 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 Male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 yr. 6 mos. 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) Knobnoster, Mo.

FATHER 13. NAME Lawrence Wainwright

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

MOTHER 15. MAIDEN NAME Elizabeth Davis

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

17. INFORMANT (ADDRESS) Lawrence Wainwright Holden, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Medford Cem. Holden, Mo. DATE 3-29-38

19. FUNERAL DIRECTOR (ADDRESS) T. W. Goodman - Holden, Missouri

20. FILED March 29, 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1938

I HEREBY CERTIFY that I attended deceased from March 24, 1938 to March 28, 1938
 I first saw him alive on March 28, 1938. Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Tubercular meningitis
27
 Other contributory causes of importance:
Mediastinal tuberculosis

Name of operation Clinical Date of see
 What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? see Date of injury see, 1938
 Where did injury occur? see (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury see
 Nature of injury see

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify see
 (Signed) M. M. Brown, M. D.
 (Address) 1424 First St. City.

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.)