

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

17180
Do not use this space.

REC'D JUN 9 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Ray, Mo. Primary Registration District No. 1002
 (c) City R. C. Mo. (d) Street No. General Hosp. #2 Registered No. 1877
 (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. How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 2019 E. 18th St. (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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-8-1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 10 20
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 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) Mo.
 FATHER 13. NAME Ed Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER 15. MAIDEN NAME Rena Black
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) Record Clerk General Hospital
 18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds Mo. DATE 5-4-38
 19. FUNERAL DIRECTOR (ADDRESS) H. B. Moore 1820 E. 18th St. R. C. Mo.
 20. FILED May 4 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28 1938
 22. I HEREBY CERTIFY, That I attended deceased from 4-27 1938 to 4-28 1938
 I last saw him alive on 4-28 1938 Death is said to have occurred on the date stated above, at 10:25 P.M.
 The principal cause of death and related causes of importance were as follows:
Incarcerated, Strangulated, Indirect, Complete Inguinal Hernia (Quoted) Date of onset 12:00
 Other contributory causes of importance:
Massive Embolus of Ilium Terminal Prostatitis
 Name of operating physician Hernioplasty + Date of 4/29/38
 What test completed? Appendectomy 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? No
 If so, specify (Signed) D. C. Sumner, M. D.
 (Address) Gen Hosp #2

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, AB Moore, Licensed Embalmer No. 2410

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

..... L. E.

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

Signed AB Moore

Licensed Embalmer No. 2410

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.)