

REC'D JUN 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18499

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 404
 (b) Township Washington Primary Registration District No. 5558
 (c) City Kansas City, Mo. (d) Street No. 7709 State Line Registered No. 39
 (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

Charles Eugene Close 426
 (a) Residence, No. 8229 Wyoming 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) Dec. 11, 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 5 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
 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) Kansas City 0
 (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME Noel Close

14. BIRTHPLACE (CITY OR TOWN) Kansas City 1
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Dorothy Christopher

16. BIRTHPLACE (CITY OR TOWN) Hutchinson
 (STATE OR COUNTRY) Kansas

17. INFORMANT Noel Close
 (ADDRESS) 8229 Wyoming

18. BURIAL, CREMATION, OR REMOVAL mt. moriah
 PLACE Green Lawn DATE May 28, 1938

19. FUNERAL DIRECTOR Gates Funeral Home
 (ADDRESS) 1901 W. 41st Street

20. FILED 6-8-38 R. V. Lindsey & Sons
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1938,

22. I HEREBY CERTIFY that I attended deceased from

I last saw h. Deputy Coroner Death is said to have occurred on the date stated above, at 4 P.M.

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

Death by drowning

Other contributory causes of importance: 187

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. Accident Date of injury 6-26-38

Where did injury occur? K.C. Mo. (Specify city, town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Arrowed while swimming
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) W. H. Hunter, M. D.

366 (Address) Gen Hosp, K. P. No.

By: R. V. Lindsey & Sons (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-7-20-37 1 X12004

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.)