

REC'D NOV 21 1938

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

34730
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 100 Registered No. 4066
 (c) City Kansas City (d) Street No. 2102 Linwood 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 58 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2102 Linwood 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James A Sexton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1867
 7. AGE YEARS 70 MONTHS 11 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 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) Greepert Ile

FATHER 13. NAME R. J. Hennessy

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

MOTHER 15. MAIDEN NAME Harriett Adams

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

17. INFORMANT (ADDRESS) J. A. Sexton
2102 Linwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Coburn DATE Oct 19 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. H. Newcomer
Brushcreek + Gases

20. FILED Oct 18 1938 M. M. Snow
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1936, 19- to Oct 17 1938
 I last saw h. & alive on Oct 17 1938, 1938 Death is said to have occurred on the date stated above, at 7:45 P.M.

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

Cardiac Failure
934
 Date of onset Oct 16 38

Other contributory causes of importance:
Chronic Myocardial degeneration
Cardiac decompensation
Chronic Arteriosclerosis
Chronic
2016
10300

Name of operation Chronic Date of 10/16/38
 What test confirmed diagnosis Spinal fluid 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 no
 (Signed) J. A. Sexton, M. D.
 (Address) 624 Professional Bldg

1930 - 4

11-14-26

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Neil Carr

Licensed Embalmer No.....

3976

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.