

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
 Township
 City St. Joseph (No. St. Joseph #2)

Registration District No. 85
 Primary Registration District No. 1001

File No. 35198
 Registered No. 1094
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Jackson, Co. St. _____ Ward _____
 (Usual place of abode)

Jackson Co Mo
 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2 1867
 7. AGE YEARS 71 MONTHS ? DAYS ? If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, 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) Missouri

FATHER 13. NAME unknown

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE 11/3 1938

19. UNDERTAKER (ADDRESS) D. J. Womersley 1405 1/2 Birch Creek K.C. Mo.

20. FILED 11-1 1938 A. J. Nestor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12 1938, to Oct. 31 1938
 I last saw him alive on Oct. 31 1938 Death is said to have occurred on the date stated above, at 7:35 P. m.

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

Septicemia
Origin Cellulitis of Arm
Cause not determined

Date of onset 10-27
1938

Other contributory causes of importance:
Senility

Name of operation _____ Date of _____
 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? _____ 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) R. Kuhlman M. D.
 (Address) State Hosp. no 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, A. C. Newcomer Jr. Licensed Embalmer No. 4043
hereby certify that the body recorded on the reverse side of this
Certificate was embalmed by A. C. Newcomer Jr.
or by _____, Registered Apprentice No. _____

(Signed) A. C. Newcomer Jr.
Licensed Embalmer No. 4043

NOTE: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING.
(Failure to comply with the above regulation constitutes grounds for revocation of license.)