

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

38285
Do not use this space.

REC'D DEC 11 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township 2 Primary Registration District No. 1002 Registered No. 4519
 (c) City Kansas City (d) Street No. 3015 East 27th 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 3015 E. 27th 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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Harvey C. Porter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-27-1914
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 1 20
 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) Missouri

FATHER 13. NAME Bernard A. Wimmer

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

MOTHER 15. MAIDEN NAME Mabel M. Donald

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

17. INFORMANT (ADDRESS) Marie Wimmer
3015 E. 27th, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 11-21-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Medaly-McGill
Rt Mo

20. FILED Nov. 20 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17-38

22. I HEREBY CERTIFY, That I attended deceased from 19....., to Nov 19, 1938

I last saw him alive on Nov 17, 1938 Death is said to have occurred on the date stated above, at 7:00 pm.

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

Pulmonary tuberculosis Date of onset 23
 Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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?.....
 If so, specify.....

(Signed) Hubert L. Mandy, M. D.
 (Address) 214 West - art

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 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

J. H. Pryor

Licensed Embalmer No. 2999-

P. O. Address K.C. Mo.

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.

Missouri
VA - 5800