

DEC 13 1938

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

41632
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City KC Mo (d) Street No. Essex Hosp #2 Registered No. 4668
(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

5 1/2 **HARRY VENERABLE**
(a) Residence, No. 1723 Woodland St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2-1897
7. AGE YEARS 50 MONTHS 11 DAYS 29 If LESS than 1 day, hrs. or min.
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. Common Laborer
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) Sedalia, Mo

FATHER 13. NAME W Venerable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia, Mo

MOTHER 15. MAIDEN NAME Francis Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia, Mo

17. INFORMANT (ADDRESS) Pauline Williams 1819 Vine St.

18. BURIAL, CREMATION, OR REMOVAL Leavenworth Kans Woodsworth Cemetery 12-3-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Felix Greenstreet KC Mo

20. FILED Dec 2 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1-38, 19
22. I HEREBY CERTIFY That I attended deceased from 12-1-38 to 12-1-38, 19
I last saw him/her alive on 12-1-38, 19. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

Gunshot wound, chest
Heartthorax 113
Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of 12-1-38
What test confirmed diagnosis? Autopsy 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 12-1-38

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

Manner of injury Gun shot
Nature of injury Chest

24. Was disease or injury in any way related to occupation of deceased? No, specify Gunshot
(Signed) Pauline Williams, M.D.
(Address) 1819 Vine

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.....

Edw J Evans

Licensed Embalmer No.

3836

P. O. Address.....

1819 E 15th St N G 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.