

REGD JAN 13 1938

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

41868
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399
(b) Township Jean Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 806 E. 11th St. Registered No. 4934
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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. 806 E. 11th 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Armen Cutshall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-31-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 8 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) (STATE OR COUNTRY) Illinois

13. NAME James Hawth

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

15. MAIDEN NAME Catherine Salem

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

17. INFORMANT (ADDRESS) Mrs. Ollie Henderson
806 E. 11th

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 22-38
St. Stephens

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Qatis Funeral Home
Kansas City, Kansas

20. FILED Dec 20 1938 M. M. - Browe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17 1938

22. I HEREBY CERTIFY, That I attended deceased from about 12-10, 1938 to 12-17, 1938
Last saw him alive on 12-16, 1938 Death is said to have occurred on the date stated above, at 2:00 PM
The principal cause of death and related causes of importance were as follows:

Senility
Date of onset
10/70
Other contributory causes of importance:
Terminal Broncho pneumonia

Name of operation Date of
What test confirmed diagnosis? Was 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
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, specify
(Signed) O. J. De Munn M. D.
(Address) St. Stephens

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.....

Licensed Embalmer No.....

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.