

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

41984
Do not use this space.

REC'D JAN 13 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Jean Primary Registration District No. 192 Registered No. 5050
 (c) City Kansas City (d) Street No. KC Gen 1230 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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1916 2nd St 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF GEORGE SCHRUM

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER 15 1881

7. AGE YEARS 58 MONTHS 0 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) ARCADIA MO

FATHER 13. NAME William Sutton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ARCADIA MO

MOTHER 15. MAIDEN NAME Margaret Vance

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ARCADIA MO

17. INFORMANT (ADDRESS) Reva Clark KC Gen 1230

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. WASHINGTON DATE DECEMBER 27 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) DW. NEWCOMER'S SONS 1401-BRUSH CREEK BLVD

20. FILED 12-27 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-20 1938 to 12-23 1938

I last saw him alive on 12-23 1938 Death is said to have occurred on the date stated above, at 11:45 am

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

Ulcer of stomach,
Post operative
Gastro-jejunostomy
 Other contributory causes of importance:

Atelectasis of lung
Pneumo-pneumonia

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____ (Signed) J. T. DeMara M. D.
 (Address) Supv. KC Gen 1230

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

5014-10-2-38 1 X14023

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. *Neil Case*
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.