

REC'D FEB 20 1939

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

993

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No.
(b) Township

(c) City Kansas City (d) Street No. St. Joseph Hospital Registered No. 6 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. 459 Lantana, G. Williams St. Mr. Wash Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed - Unk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 1 - 1855

7. AGE YEARS 83 MONTHS 9 DAYS 0 IF LESS THAN 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work

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) Charlton Iowa

FATHER 13. NAME William Neaseigh

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

MOTHER 15. MAIDEN NAME Sophia Hanner

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

17. INFORMANT (ADDRESS) Roy Williams

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Pleasant Jan. 4 1939

19. FUNERAL DIRECTOR (ADDRESS) George C. Carson

20. FILED Jan 10 1939 W. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/5, 1937, to 1/1, 1939

I last saw him alive on 12/31, 1938. Death is said

to have occurred on the date stated above, at 11:40 a.m.

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

Chronic Myocarditis
" Nephritis
Arterio. Sclerosis

Date of onset

59

Other contributory causes of importance:

Senility
Diabetes

Name of operation Date of

What test confirmed diagnosis? Clydial 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, 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) W. Williams M. D.

(Address) 10307 Independence REMO

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. PHYSICIAN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION if

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.....
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)