

REC'D FEB 20 1939

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

1067

Do not use this space.

80

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 80
 (c) City Kansas City, Mo. (d) Street No. 2805 Charlotte Str., K.C.Mo. 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

635 Newton Kincaid Gartin,
 (a) Residence, No. 2805 Charlotte Str., K.C.Mo. 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 Male 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 Rosella May Gartin,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1899
 7. AGE YEARS 39 MONTHS 2 DAYS 7 If LESS than 1 day,hrs. ormin.

OCCUPATION 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. Retired Farmer
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Buchannon County, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Nathaniële Gartin, d.c.

14. BIRTHPLACE (CITY OR TOWN) No Record. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Clementine B. Steele

16. BIRTHPLACE (CITY OR TOWN) No Record. (STATE OR COUNTRY)

17. INFORMANT Mrs. C. Warren Jones, (ADDRESS) 2805 Charlotte Str., K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Portland City DATE Jan. 8, 1939

19. FUNERAL DIRECTOR (NAME) Mrs. C.L. Forster (ADDRESS) 918 Brookl n Avenue, K.C.Mo.

20. FILED Jan 8 1939 M.M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 6th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1938 to January 6, 1939
 I last saw him alive on Jan. 4, 1939 at 8:20 A.M. Death is said to have occurred on the date stated above, atm.
 The principal cause of death and related causes of importance were as follows:

Acute myocarditis Date of onset 12-20-38

Other contributory causes of importance:

chronic myocarditis
senility ?

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 _____, 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? no
 If so, specify _____

(Signed) D.W. Hays M.D.
 (Address) 406 W. 11th St. St. Louis, Mo.

Phone

76-1207
2nd and Jefferson Ave

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.