

REC'D FEB 20 1939

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

1163

Do not use this space.

1. PLACE OF DEATH

(a) County JacksonRegistration District No. 399(b) Township KanPrimary Registration District No. 1002Registered No. 176(c) City Kansas City(d) Street No. 3508 Benton Blvd 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. 3508 Benton St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Fe

4. COLOR OR RACE

Wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Samuel Sugarwater

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

Not known

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

78--

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.

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)

Austria

13. NAME

Zelick Frierkar

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

Austria

15. MAIDEN NAME

Hannah Hask

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

Austria

17. INFORMANT (ADDRESS)

F. J. Sugarwater
K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Shelfield Cem DATE 1-15-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

J. P. Davis Funeral Home
K. C. Mo.

20. FILED

Jan 15 39 M. M. Brown

Local Registrar.

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

1-13-1939

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 9 1939 to Jan. 13 1939I last saw him alive on Jan. 13 1939 Death is saidto have occurred on the date stated above, at 10:30 A.M.

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

Date of onset

bronchial asthma &
broncho-pneumonia
edema of right lung

Other contributory causes of importance:

Hypertension 107/4
+
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?.....

If so, specify

(Signed) Eugene B. Paul, M. D.(Address) 3506 Benton BlvdK. C. Mo.

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.