

REC'D FEB 20 1939

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

1209
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City K 6 mo (d) Street No. 5-14 1/2 Main Registered No. 222
 (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. 514 1/2 Main 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-7-1938

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

22. I HEREBY CERTIFY, That I attended deceased from Crowe, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

I last saw h. alive on Death is said to have occurred on the date stated above, at 11:55 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 55

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. unknown
 9. Industry or business in which work was done, as saw mill, bank, etc. unknown
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Death from Natural Cause 2002
 Date of onset

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

Other contributory causes of importance?

FATHER 13. NAME unknown

Name of operation Crowe's request and inspection Date of

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

What test confirmed diagnosis? Was there an autopsy?

MOTHER 15. MAIDEN NAME unknown

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Deputy Coroner K. Ma

Manner of injury Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Jan 18 1939

24. Was disease or injury in any way related to occupation of deceased?

19. FUNERAL DIRECTOR (NAME) (ADDRESS) K. Ma

If so, specify of death
 (Signed) Crowe, M. D.
 (Address)

20. FILED Jan 18, 1939 M. M. Crowe
 Local Registrar.

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 conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.