

REC'D FEB 21 1939

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

1640
Do not use this space.

1. PLACE OF DEATH
(a) County BUCHANAN Registration District No. 85
(b) Township WASHINGTON Primary Registration District No. 1001
(c) City ST. JOSEPH, MO. (d) Street No. 108 N. 2ND ST. Registered No. 38
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME HARRY RAYMOND CAW
(a) Residence, No. 2401 SOUTH SIXTH ST. 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

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED

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

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

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. LABORER
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) HOLT COUNTY, MISSOURI

FATHER 13. NAME WILLIAM CAW

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

MOTHER 15. MAIDEN NAME ANNA DAY

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

17. INFORMANT (ADDRESS) ROBERT CARL, 2401 So. 6TH ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE ASHLAND CEM DATE JAN, 16, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON INC. 1946 COLHOUN ST. JOSEPH, MISSOURI

20. FILED: 1-16-39 H. J. Westhuck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN, 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1938, to Jan 13, 1939
I last saw him alive on Jan 13, 1939 Death is said to have occurred on the date stated above, at 10:00 P. M.

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

Cancer of Tongue Dont
testifies to work Know
and festical right side
hemorrhage 10 days

Other contributory causes of importance: H₂O
H + Wasserman Dont Know

Name of operator Excision of Tongue Date of operation Jan 13 39
What test confirmed diagnosis? Clinical 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 _____
(Signature) Charles H. Kemner, M. D.
(Address) 221 Kirkpatrick Bldg
St. Joseph, Mo

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.

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, JOHN E. RUPP

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

John E. Rupp

Licensed Embalmer No. 3986

P. O. Address 1946 COLHOUN ST
ST. JOSEPH, MISSOURI.

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.