

DEC'D MAR 9 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
5249
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 448
 (c) City Kansas City (d) Street No. 2115 East 36th 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 34 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nathaniel Crawford Wymore

(a) Residence, No. 2115 East 36th Street 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs. Pearl May Wymore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 1 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Order Clerk
 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) NebraskaFATHER 13. NAME Corneilus Wymore14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IndianaMOTHER 15. MAIDEN NAME Sarah Cain16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee17. INFORMANT Mrs. Pearl May Wymore
(ADDRESS) 2115 East 36th Street18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE 2-3-3919. FUNERAL DIRECTOR (NAME) Freeman Mortuary
(ADDRESS) Kansas City Missouri20. FILED 72 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1-39 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1938, to Feb 1, 1939
 I last saw him alive on Jan 30, 1939 Death is said to have occurred on the date stated above, at 4:15 p. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage with left hemiplegia
820

Date of onset

11-7-38

Other contributory causes of importance:

Arterial hypertension ischemic

Name of operation None Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury

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) W. F. Robertson, M. D.
 (Address) 505 P. P. Building

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.