

REC'D MAR 9 1939

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

5499

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. 698
(c) City Kansas City, Missouri (d) Street No. 3215 Campbell, Str., K.C. Mo. 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 Hannah S. Delaney

(a) Residence, No. 3215 Campbell, K. C. Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31st, 1854

7. AGE YEARS 84 MONTHS 3 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

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. Housewife
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) Columbus, Ohio.13. NAME Henry Johnson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minn.15. MAIDEN NAME Rose Clover,16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.17. INFORMANT Miss Rose Delaney
(ADDRESS) 3215 Campbell, K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL By Auto to-
PLACE Denton, Ks. DATE Feb. 19, 193919. FUNERAL DIRECTOR (NAME) Mrs. C.L. Forster
(ADDRESS) 918 Brooklyn Avenue, K.C. Mo.20. FILED 718 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17th, 193922. I HEREBY CERTIFY That I attended deceased from Feb. 17-1939 to Feb 17, 1939I last saw him alive on Feb 17-39, 19____. Death is said to have occurred on the date stated above, at 2:30 A.M.

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

Arterio Sclerosis, a Chronic Nephritis

Date of onset

Other contributory causes of importance

High blood pressureName of operation none Date of _____What test confirmed diagnosis? X Was there an autopsy? No.23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19____Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury XNature of injury X

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

If so, specify

(Signed) Charles E. Coate M. D.(Address) 912, E. 31st St.

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
BUREAU OF HEALTH CARE REGULATION
EMBALMERS
2-4

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.