

REC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

5525  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kear Primary Registration District No. 1002 Registered No. 724  
(c) City Kansas City (d) Street No. Park Lane Hotel 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 Joseph Crewes English

(a) Residence, No. Park Lane Hotel (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 Minnie Fuller English

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-28-1866

7. AGE YEARS 72 MONTHS 3 DAYS 21 If LESS than 1 day, .....hrs. or .....min.

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. Banker  
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) Illinois

FATHER 13. NAME Joseph G. English

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kalispell, Nova Scotia

MOTHER 15. MAIDEN NAME Maria Cassidy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joliet, Ill.

17. INFORMANT (ADDRESS) Mrs. Minnie Fuller English, Park Lane Hotel, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Feb 21, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stuart McClure, Kansas City, Mo.

20. FILED 2/30, 1939 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/19, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 27, 1937 to Feb 19, 1939. I last saw him alive on Feb 19, 1939. Death is said to have occurred on the date stated above, at 5 P. M. The principal cause of death and related causes of importance were as follows:

Acute coronary thrombosis  
940  
Date of onset 2/17/39

Other contributory causes of importance: Pulmonary Edema

Name of operation Clinical Date of No  
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  
(Signed) Joseph G. Welkin, M. D.  
(Address) 836 Professional Bldg, Kansas City, 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.

J. E. White  
Prof. Reedy  
VI 6087

---

---

**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.**