

MAR 9 1939

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

5564  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Can Primary Registration District No. 1097  
 (c) City Kansas City (d) Street No. Lopping & Marlow - Box Car Registered No. 263  
 (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. 525 Unidentified Colored Man St. Unknown  
 (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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unknown

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

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

7. AGE YEARS 17 MONTHS 00 DAYS 00 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. Unknown  
 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) Not none

FATHER 13. NAME Not none

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not none

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not none

17. INFORMANT (ADDRESS) None

18. BURIAL, CREMATION, OR REMOVAL PLACE Midwest Md DATE 20, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tate - McPump  
2602 Vine St

20. FILED 121, 1939 M. M. Browne Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 26-39, 19

22. I HEREBY CERTIFY, That I attended deceased from Unknown, 1939.  
 I last saw deceased on 300/100, 1939. Death is said to have occurred on the date stated above, at 300/100.

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

Rubber mensesid poisoning  
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Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?

23. If death was due to external cause (violence), fill in also the following:  
 Accident, suicide, or homicide Date of injury 2-6-39

Where did injury occur? Box Car - Mo Pacific R.R  
 Specify whether injury occurred in industry, in home, or in public place about W. R. O.

Manner of injury Poisoned by fumes of a  
 Nature of injury Charcoal furnace

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify Yes to H. matter

(Signed) Edith H. matter, M. D.  
 (Address) 2111 1/2 W. 11th St

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.

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**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.**