

REC'D MAR 9 1939

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

5574

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
(b) Township Law Primary Registration District No. 1007 Registered No. 773
(c) City Kansas City (d) Street No. 409 E. 71 Terrace 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

(a) Residence, No. 409 E. 71 Terrace St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Agnes J. Doyle (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 2 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired - Supt of Supreme Court Bldg
9. Industry or business in which work was done, as saw mill, bank, etc. City of St. Louis
10. Date deceased last worked at this occupation (month and year) 2 yrs ago 11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Junction Ky13. NAME Wm Doyle14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky15. MAIDEN NAME Mrs Mc Cappin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Mrs. J. A. Budinger18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield, Ill DATE Feb. 22 3919. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Newcomers Sons20. FILED 22 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1939, to Feb. 22, 1939
I last saw him alive on Feb. 21, 1939. Death is said to have occurred on the date stated above, at 4:33 A
The principal cause of death and related causes of importance were as follows:

Myocardial failure
mild hypertension & aneurysm
93.52

Date of onset

Feb. 8th

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Y 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? Y
If so, specify _____

(Signed) Edwin C. Casow, M. D.

(Address) 242 Plaza Medical Bldg

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

George M. Collins

Licensed Embalmer No.

3839

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.