

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

**5610**  
 Do not use this space.

REC'D MAR 9 1939

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 4720 Wayne Registered No. 809 St.  
 (e) Length of residence in city or town where death occurred (If death occurred in Hospital or Institution, write its name instead of street and number)  
 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**  
 (a) Residence, No. 534 Leonard (Lancelot) Wandle St. 4720 Wayne  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 1, 1895  
 7. AGE YEARS 44 MONTHS 05 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 20 1939, to Feb 21 1939  
 I last saw h. m. alive on 2-20 1939 Death is said to have occurred on the date stated above, at 2:30 p. m.  
 The principal cause of death and related causes of importance were as follows:

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant  
 9. Industry or business in which work was done, as saw mill, bank, etc. Dry Goods Co.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 11

Date of onset 2-18-39  
Lobar Pneumonia  
 Other contributory causes of importance: Deformed Chest.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London England

FATHER  
 13. NAME Thomas B. Wandle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

MOTHER  
 15. MAIDEN NAME Catherine Hadaway

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London England

17. INFORMANT (ADDRESS) Mrs. Esther C. Wandle  
4720 Wayne

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Feb 23 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Newcomer  
Brush Creek & Passes

20. FILED 23 1939 M. M. Browne  
 Local Registrar.

Name of operation NONE Date of \_\_\_\_\_  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Francis B. Wallace M. D.  
 (Address) 703 Lathrop Bldg. K.C. Mo.

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.

**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. 4048

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.**