

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

5692
 Do not use this space.

REC'D MAR 4

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. General Hosp # 2 Registered No. 891 St.
 (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. 1025 Highland 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 M 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unmarried

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

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

7. AGE YEARS 45 MONTHS _____ DAYS _____ 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. laborer
 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) Texas
Kanana, Texas

FATHER 13. NAME Will Washington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER 15. MAIDEN NAME Edna Turner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT (ADDRESS) Sam Washington
1600 Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 2-27-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ovington Brady
1513 Crockett

20. FILED 7-27-39 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28-39 19__

22. I HEREBY CERTIFY, That I attended deceased from _____ 19__ to _____ 19__
 I last saw _____ 19__ Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

fracture of the skull
Lac & hemorrhage of brain
1860

Other contributory causes of importance: _____

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide accident Date of injury 1-27-39

Where did injury occur? Home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall from stairs
 Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? +
 If so, specify _____

(Signed) Russell W. Jensen, M. D.
 (Address) _____

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.....

E. G. Evans

Licensed Embalmer No.

3876

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.