

REC'D MAR 20 1939

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

6774

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 3 Registration District No. 400
(b) Township Prairie Primary Registration District No. 5553B
(c) City Little Blue, Mo. (d) Street No. Jackson Co Home 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. 320 Jeancoury Meadows 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 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 MONTHS DAYS If LESS than 1 day, hrs. or min. About 70
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. unemployed
9. Industry or business in which work was done, as saw mill, bank, etc. unemployed
10. Date deceased last worked at this occupation (month and year) unemployed 11. Total time (years) spent in this occupation unemployed
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know
13. NAME Dont know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know
15. MAIDEN NAME Dont know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know
17. INFORMANT (ADDRESS) Co Home Records
18. BURIAL, CREMATION, OR REMOVAL PLACE K.C. College of Osteopathy DATE 2-18-1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Flynn + Greenstreet 1819 E 15th St K.C., Mo.
20. FILED Feb 18 1939 William J. Fields Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16-1939 7: PM22. I HEREBY CERTIFY, That I attended deceased from Feb. 2 - 1939 to Feb. 16 - 1939I last saw him alive on Feb. 16, 1939. Death is said to have occurred on the date stated above, at 7 P.M.

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

Cerebral HemorrhageOther contributory causes of importance: 8761Name of operation Phys Ex Date of Feb 16 1939
What test confirmed diagnosis? Phys Ex 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 Feb 16, 1939Where 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) L. W. Brooker, M. D.2122 (Address) 2028 Vine St

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

Edw J Evans

Licensed Embalmer No.

3836

P. O. Address

1814 E 15th St J 67110

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.