

REC'D APR 17 1939

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

9495
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Frank Primary Registration District No. 1007 Registered No. 1101
(c) City Kansas City (d) Street No. 7 Cogen Hosp 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. 0 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

552 Charles Rונים
(a) Residence, No. 2013 Madison 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 w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 1881
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 1 29
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. WPA
9. Industry or business in which work was done, as law mill, bank, etc.
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) ArkFATHER 13. NAME Mrs. Rונים14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UnknMOTHER 15. MAIDEN NAME Fannie Fletcher16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark17. INFORMANT (NAME) Rebecca Clark
(ADDRESS) 7 Cogen Hosp KCMO18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 3/1319. FUNERAL DIRECTOR (NAME) James K. O'Brien
(ADDRESS) Linwood at Main20. FILE Mar 11, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-10 1939I HEREBY CERTIFY, That I attended deceased from 2-11, 1939 to 3-10, 1939I last saw him alive on 3-10, 1939 Death is saidto have occurred on the date stated above, at 11:10 pm

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

Carcinoma of Lung with metastasis

Date of onset

47

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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? 1

If so, specify

(Signed) P. J. De Maris M. D.(Address) Super Cogen Hosp KCMO

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.