

REC'D APR 17 1939

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

9623
Do not use this space.

1. PLACE OF DEATH
(a) County JACKSON Registration District No. 399
(b) Township Kaw Primary Registration District No. 1007
(c) City Kansas City, Mo. (d) Street No. St. Marys Registered No. 1229
(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 652 Waring, Kenton W.
(a) Residence, No. pleasanton, Kans (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE MARRIED, WIDOWED, OR DIVORCED Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. — one 0
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. Infant
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) Pleasanton Kans. U.S.A.
13. NAME Waring, Kenton W.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elreno, Okla.
15. MAIDEN NAME Saunders, Ruth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn County, Kans.

17. INFORMANT (ADDRESS) Rusty Waring Pleasanton, Kans.
18. BURIAL, CREMATION, OR REMOVAL REMOVAL
PLACE Pleasanton Kans DATE 3-20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. Taylor & Son Pleasanton, Kans.
20. FILED Mar 20 1939 M. M. Coowe Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-20 1939
22. I HEREBY CERTIFY, That I attended deceased from 3-17 1939 to 3-20 1939
I last saw him/her alive on 3-20 1939. Death is said to have occurred on the date stated above, at 11:20 P.M.
The principal cause of death and related causes of importance were as follows:

Congenital atelectasis Date of onset 2/17/39
16/A
Other contributory causes of importance: —

Name of operation — Date of —
What test confirmed diagnosis? X-ray Was there an autopsy? —

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) H. M. Gilkey M. D.
(Address) Professional Bldg

N. B.—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.....

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.