

1939 JUN 14 1939

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

18035
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001 Registered No. 474
 (c) City St Joseph (d) Street No. Mo Methodist 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. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

GARY MAX TEENOR
 (a) Residence, No. 611 North 9th St St Joseph Mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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) Apr 5 1939
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin. 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as saw 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) St Joseph Mo

FATHER 13. NAME Edward Teenor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star Mo

MOTHER 15. MAIDEN NAME Gusta Henderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Mo. Co.

17. INFORMANT (ADDRESS) Edward Teenor 611 North 9th St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE May 4 39

19. FUNERAL DIRECTOR (ADDRESS) Lucille M. Wilson King City Mo

20. FILED May 3 1939 W. J. Hestlebach Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1939
 22. I HEREBY CERTIFY, That I attended deceased from April 28 1939, to May 3 1939
 I last saw him alive on May 3 1939 Death is said to have occurred on the date stated above, at 11:50 A. M.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia right lung
105
 Other contributory causes of importance: Empyema
 Name of operation None Date of _____
 What test confirmed diagnosis? K. Ray 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? no
 If so, specify _____
 (Signed) W. J. Hestlebach, M. D.
 (Address) St Joseph Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

11 5 7

STATEMENT BY LICENSED EMBALMER

I, ~~George Thomas~~ ⁷²⁰⁴ ~~Thomas~~ ^{Lucille M. Wilson}, Licensed Embalmer No. 2830
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.

No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Lucille M. Wilson
Licensed Embalmer No. 2830

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.)