

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

21083

Do not use this space.

**1. PLACE OF DEATH**

(a) County Jackson, Registration District No. 399  
 (b) Township Kaw, Primary Registration District No. 1002 Registered No. 2251  
 or  
 (c) City Kansas City, Mo. (d) Street No. 66 Janssen Place 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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Eleanor B. Foutch,

(a) Residence, No. 66 Janssen Place, 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward L. Foutch,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-18-1870

7. AGE YEARS 68 MONTHS 6 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired.  
 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) Kansas City, Mo.

13. NAME James Hewson,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malton, Canada.

15. MAIDEN NAME Eleanor Austin,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brampton, Canada.

17. INFORMANT J. F. Green, 428 West 56th St.  
 (ADDRESS) Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem. DATE 6/9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClure,  
3235 Gillham Plaza, K.C., Mo.

20. FILED June 8 1939 M. M. Browne  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1939.

22. I HEREBY CERTIFY, That I attended deceased from June 5 1939 to June 7 1939  
 I last saw h. alive on June 7 1939 Death is said to have occurred on the date stated above, at 11:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset June 5  
Hypertension (high blood pressure) 1935

Other contributory causes of importance: Edema

Name of operation Cerebral Date of No  
 What test confirmed diagnosis? 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  
 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) Neorgetta, M. D.  
 (Address) 1000 Alto Bedg

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.

90M-9-19-38 I X16605

1000 Richards Building  
1 to 4

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**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.**