

2590 JUL 14 1939

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

21367

Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township _____ Primary Registration District No. _____ Registered No. 76
 (c) City Kansas City (d) Street Name Lake Side Hospital 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 Baby Brinkley
 (a) Residence, No. 800 Master Road Independence (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 1939
 7. AGE YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 0 hrs. or 0 min.
 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. Child
 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 Missouri
 13. NAME Herndon A. Bentley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geary Mo
 15. MAIDEN NAME Mollie Bonnell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Mo
 17. INFORMANT Herndon Bentley
 18. BURIAL, CREMATION, OR REMOVAL PLACE Woodland Burial DATE July 13 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. A. C. Benson Independence Mo
 20. FILED 22 19 37 M. M. Brown Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1939
 22. I HEREBY CERTIFY, That I attended deceased from June 20 1939, to _____, 19____
 I last saw h. Stillborn, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Stillborn
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 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 _____, 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) J. W. Agre D. O. 3 M. D.
 (Address) Independence Mo

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.