

REC'D AUG 7 1939

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

24457  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson <sup>3</sup> Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City <sup>1</sup> (d) Street No. 3418 Wyandotte 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 Harry J. Staub

(a) Residence, No. 1351 Georgia, K. C., Ks. St.   
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louisa Tomlinson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1882  
 7. AGE YEARS 56 MONTHS 9 DAYS 19 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Maintenance  
 9. Industry or business in which work was done, as saw mill, bank, etc. Standard Oil  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Anna, Illinois (STATE OR COUNTRY) 1

FATHER 13. NAME Charles Staub 1

14. BIRTHPLACE (CITY OR TOWN) Maryland (STATE OR COUNTRY) 1

MOTHER 15. MAIDEN NAME Ellen Hileman

16. BIRTHPLACE (CITY OR TOWN) Anna, Illinois (STATE OR COUNTRY) 1

17. INFORMANT (ADDRESS) Mrs. Gladys Morris  
1351 Georgia, K. C., Ks.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nonsectarian Plx DATE July 5, 1939

19. FUNERAL DIRECTOR (NAME) R. A. Pylton (ADDRESS) Kansas City, Kansas

20. FILED July 3, 1939 M. W. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1-39 19

22. I HEREBY CERTIFY, That I attended deceased from 19....., 19.....

I last saw him Deputy Coroner alive on 15th 19..... Death is said to have occurred on the date stated above, at 1:50 P.M.  
 The medical cause of death and related causes of importance were as follows:

Coronary sclerosis  
Chronic diffuse myocardial fibrosis  
Acute pulmonary congestion  
 Other contributory causes of importance: 093c

Name of operation ..... Date of 7-1-39  
 What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Orlando W. Bunker M. D.  
 (Address) San Diego, K. C., 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.

FORM 3-27-38 I X16605

**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 Maurice M. Quirk

Licensed Embalmer No. 2226

P. O. Address K. C. Ind

**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.**