

SEP 6 1939

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

28204
Do not use this space.

1. PLACE OF DEATH
 (a) County JACKSON Registration District No. 399
 (b) Township KAW Primary Registration District No. 100
 (c) City KANSAS CITY (d) Street No. Research Hospital Registered No. 3206
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 622A Sourk, George W
 (a) Residence, No. Goff, Kansas St. Goff, Kansas
 (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 Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MAUD SOURK.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN
 7. AGE YEARS 63 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. DRUGGIST
 9. Industry or business in which work was done, as saw mill, bank, etc. Goff KANS.
 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) UNKNOWN
 FATHER 13. NAME William SOURK
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN
 MOTHER 15. MAIDEN NAME UNKNOWN
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN
 17. INFORMANT E. L. Jordan
 (ADDRESS) Goff, KANSAS
 18. BURIAL, CREMATION, OR REMOVAL PLACE Goff, KANSAS DATE Aug. 15, 1939
 19. FUNERAL DIRECTOR (NAME) E. L. Jordan
 (ADDRESS) Goff, KANSAS
 20. FILED 9/13 1939 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 13, 1939
 22. I HEREBY CERTIFY, That I attended deceased from July 27, 1939, to August 13, 1939
 I last saw him alive on August 13, 1939. Death is said to have occurred on the date stated above, at 2:58 p. m.
 The principal cause of death and related causes of importance were as follows:
Brain tumor, left frontal Date of onset _____
glioma ?
Malignant
53
 Other contributory causes of importance:
Cerebral thrombosis 2 weeks
with encephalomalacia
right cerebrum
 Name of operation Craniotomy & biopsy Date of Aug. 7, 1939
 What test confirmed diagnosis? Biopsy 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? no
 If so, specify _____
 (Signed) Frank R. Decherer, M. D.
 (Address) 730 Professional Bldg

WHITE PAPER, 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.

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 *C. Hervey Eisenberry*

Licensed Embalmer No. *4070*

P. O. Address *K. C. Mo.*

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.