

SEP 6 1939

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

28223
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. 3225
 (c) City Kansas City (d) Street No. 2219 E. Meyer Boulevard 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 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME J.J.S. Millspaugh (No. Mo. Co.)
 (a) Residence, No. 2219 E. Meyer Boulevard 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't Know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15, 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>87</u>	<u>11</u>	<u>28</u>	

OCCUPATION
 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. Retired
 10. Date deceased last worked at this occupation (month and year) Salesman (time (years) spent in this occupation)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 1

FATHER
 13. NAME Don't Know 7
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know 9

MOTHER
 15. MAIDEN NAME Don't Know 9
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Miss Eva M. Campbell
 (ADDRESS) 2219 E. Meyer Blvd.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Elmwood DATE Aug. 15, 1939

19. FUNERAL DIRECTOR (NAME) Freeman Mortuary
 (ADDRESS) 104 W. 42nd St., K.C. Mo.

20. FILED 714 1939 M. M. Crome
 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 May 17, 1939, to Aug. 13, 1939
 I last saw him alive on Aug. 12, 1939. Death is said to have occurred on the date stated above, at 6:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Ethmoid Bone & Left Side of Face
Primary - Ethmoid Bone
 Other contributory causes of importance:
Ulcerations

Name of operation none Date of none
 What test confirmed diagnosis Physical Exam 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) [Signature] M. D.
 (Address) 1303 Walden Park

WHILE PRINTING WITH UNWRITING 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 Clarence W. Chiles, Registered Apprentice No. _____, working under my personal supervision.

Signed

Clarence W. Chiles

Licensed Embalmer No.

3473

P. O. Address

36 E 760

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.

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