

SEP 6 1939

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

28255
Do not use this space.

1. PLACE OF DEATH
(a) County JACKSON Registration District No. 399
(b) Township K.A.W. Primary Registration District No. 1002 Registered No. 3257
(c) City KANSAS CITY (d) Street No. 130 NORTH OAKLEY 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 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MR. WARD B. FOOTE
(a) Residence, No. 130 NORTH OAKLEY 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS ANNIE AGNES FOOTE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY 28 1857
7. AGE YEARS 82 MONTHS 6 DAYS 18 If LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. BLACKSMITH
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) 1914 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DUBUQUE IOWA
13. NAME UNKNOWN FOOTE ?
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN
17. INFORMANT (ADDRESS) MRS ANNIE AGNES FOOTE 130 NORTH OAKLEY
18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE AUGUST 18 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) D.W. NEWCOMER'S SONS 1404 BRUSH CREEK BLYD.
20. FILED 9:17 1939 M.M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 15 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1939 to Aug 15 1939
I last saw h. alive on Aug 15 1939. Death is said to have occurred on the date stated above, at 6:41 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis Date of onset
Heart Block 1 day
92 a
Other contributory causes of importance:
Arterio-sclerosis
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? Violence Date of injury Aug 15 1939
Where did injury occur? Home (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) W. W. Martin, M. D.
(Address) 6800 Summit St

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.

THIS IS A PERMANENT RECORD

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..... *R. M. Calhoun*.....
Licensed Embalmer No. *3506*
P. O. Address..... *K. E. ...*.....

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.