WHITE 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.

I X16505

REC'D SEP 6 1939

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

28270
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. 3272
(c) or City Kansas City, Mo. — (d) Street No. Trinity Lutheran 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 616 Earl W. Draper
(a) Residence, No. 99th & Locust St. ☐ Jackson Co. Mo
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Cynthia Draper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 18, 1894

7. AGE: YEARS 44 — MONTHS 10 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Carpenter
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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City / Kansas

FATHER
13. NAME: Clark W. Draper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Alice L. Basley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Mrs. Cynthia Draper, 99th & Locust

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Mariah DATE Aug 18, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): R. V. Lindsey & Sons, 3811 Broadway

20. FILED 8/18, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1939, to Aug 16, 1939
I last saw him alive on Aug 16, 1939. Death is said to have occurred on the date stated above, at 8:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	
Accute attack began	8/6/39

Other contributory causes of importance: 121

Name of operation: Appendectomy Date of 8/6/39
What test confirmed diagnosis? Operation 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) S. W. Fair M. D.
(Address) 404 1/2 W 75 K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

R. Fan

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 Ralph E. Miller, Registered Apprentice No. 164 working under my personal supervision.

Signed Roscoe H. Keller Jr.

Licensed Embalmer No. 3738

P. O. Address 3811 Bridge KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.