

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.

1939 OCT 20 1939

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

32596
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson 3 Registration District No. 400
 (b) Township Prague Primary Registration District No. 55313 Registered No. 182
 (c) City Little-Blue 1 (d) Street No. Jackson County Home for the Deaf and Blind
 (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 George Kazell
 (a) Residence, No. 921 Home St. (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 unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-23-1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
59 8 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer

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) Missouri

FATHER 13. NAME unknown 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 (ADDRESS) Ernest Johnson
90 1/2 70ys

18. BURIAL, CREMATION, OR REMOVAL PLACE Harrisonville Mo DATE Sept 17 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rosenburger
Harrisonville Mo

20. FILED 9/16/1939 Lava E. Bland Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/1 to 9/15 1939
 I last saw h. alive on 9/14 1939 Death is said to have occurred on the date stated above, at 29 m.
 The principal cause of death and related causes of importance were as follows:
mitral regurgitation Date of onset

Other contributory causes of importance: HTN

Name of operation..... Date of.....
 What test confirmed diagnosis clinical as 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) H. Green, M. D.
Independence

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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