

REC'D NOV 22 1939

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

36285  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 398  
 (b) Township Blair Primary Registration District No. 3019 Registered No. 308  
 (c) City Independence (d) Street No. 1000 South Kagan 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Henry James Radmull  
 (a) Residence, No. 1000 So. Kagan 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 Annie Radmull

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 1858

7. AGE YEARS 81 MONTHS 0 DAYS 12 If LESS than 1 day, ..... hr. or ..... min.

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

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) Pleasant Grove, Utah  
(STATE OR COUNTRY)

13. NAME Henry Radmull

14. BIRTHPLACE (CITY OR TOWN) England  
(STATE OR COUNTRY)

15. MAIDEN NAME Caroline Severn

16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

17. INFORMANT Miss Effie Radmull  
(ADDRESS) Independence, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Memorial Grove DATE Oct 9 1939

19. FUNERAL DIRECTOR (NAME) Gates & Opens  
(ADDRESS) Independence, Mo.

20. FILED 10-10 1939 F. D. Coop  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937, to Oct 7 1939  
 that saw him alive on Feb 13 1939. Death is said to have occurred on the date stated above, at 6 P. m.  
 The principal cause of death and related causes of importance were as follows:

Coronary thrombosis  
and lung death. Heart  
prevented him from sudden  
heart attacks since  
Jan. 10 1888. There were  
Other contributory causes of importance:  
Followed by broken coronary  
Artery for weeks at a time

Date of onset

Name of operation none Date of.....  
 What test confirmed diagnosis? Autopsy 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 None  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify.....  
 (Signed) John W. Press M. D.  
360 (Address) Independence, Mo.

WRITE 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.

**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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Roland R Speaks  
Licensed Embalmer No. 3604  
P. O. Address Indep, 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.**