

No. 2
-11-10-39
5-17-39
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FILED AUG 14 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24230**
Registrar's No. **2840**

Registration District No. **399** Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City, Mo.**
(c) Name of hospital or institution:
3847 Wyandotte 1st. floor South
(d) Length of stay: In hospital or institution **10 Years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **3847 Wyandotte**
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **DAVID SUHLER**
(b) If veteran, **None**
(c) Social Security No. **500-03-6535**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **7** day **13** year **1940**
hour **9:50** minute **P.M.**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Edna Shuler**
6. (c) Age of husband or wife if alive **50** years
7. Birth date of deceased **July 15 Unknown**

21. I hereby certify that **Dr. J. C. Moore** attended the deceased from **7-13-40**
that I **did not** see him alive on **7-13-40**
and that **death** occurred on the date and hour stated above.
Immediate cause of death **Carcinoma of the large bowel**

8. AGE: Years **About 60** Months Days If less than one day hr. min.

Due to **46**

9. Birthplace **New York, New York**
10. Usual occupation **Salesman**

Other conditions **Tobacco Co.**

11. Industry or business **Formerly with Niles & Moser**
12. Name **John Henry Suhlert**
13. Birthplace **Unknown Germany**
14. Maiden name **Theresa Lehman**
15. Birthplace **Unknown Germany**

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Edna Shuler**
(b) Address **3847 Wyandotte**
17. (a) **Cremation** (b) Date thereof **July 15, 1940**
(c) Place: burial or cremation **D. W. NEWCOMER'S SONS**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director **D. W. Newcomer's Sons**
(b) Address **1401 Brush Creek Blvd.**
19. (a) **July 15, 1940** (b) **M. M. Browne**
(Date received local registrar) (Registrar's signature)

While at work **5**
23. Signature **M. M. Browne** (M. D. or other)
Address **H. C. Mo.** Date signed

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 *K. C. Newcomer Jr*

Licensed Embalmer No. *4043*

P. O. Address *K C 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.