

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.

REC'D SEP 13 1938

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

28015
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 1007 Registered No. 3326
 (c) City Lamasan City (d) Street No. Research 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

(a) Residence, No. 60B College Farm St. Warrensburg, 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. E. Bower
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 19, 1902
 7. AGE YEARS 36 MONTHS 10 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lawyer
 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) Monticau

FATHER 13. NAME James R. Petty
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau

MOTHER 15. MAIDEN NAME Ellen Petty
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau

17. INFORMANT (ADDRESS) J. E. Bower Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE California No DATE Aug 24, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) William F. Frankenburg California, Mo

20. FILED Aug 23, 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1938 to Aug 22, 1938
 I last saw him alive on Aug 22, 1938 Death is said to have occurred on the date stated above, at 11:30 am.
 The principal cause of death and related causes of importance were as follows:

Mitral & Aortic Stenosis Date of onset 4/30

Other contributory causes of importance: hypotensive Premonitory (delivered)

Name of operation Autopsy Date of ye
 What test confirmed diagnosis? Autopsy Was there an autopsy? ye

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) Spad R. Hyger M. D.
 (Address) 510 Prof Bldg

Dr Fred Kypar

Professional Building

11th & Grand Ave

MAY 29 1958

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 comply with the above constitutes grounds for revocation of license.)

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