

REC'D APR 23 1938

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

9649

Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399
 (b) Township RAW Primary Registration District No. 1002
 (c) City KANSAS CITY (d) Street No. 910 E. 29th 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 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 11142. PRINT FULL NAME MRS. JOSEPHINE SIRE 602

(a) Residence, No. 910 E 29 St.
 (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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF AUGUST SIRE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 5, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 1 5

OCCUPATION 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) (STATE OR COUNTRY) FRANCE

FATHER 13. NAME FRANCOU XAVIER CLERGET

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

MOTHER 15. MAIDEN NAME UNKNOWN

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

17. INFORMANT MRS. LENA ORTEN
 (ADDRESS) 910 E 29th

18. BURIAL, CREMATION, OR REMOVAL PLACE OFFERLE, IAN. DATE MARCH 12, 38

19. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS
 (ADDRESS) 1401 BRUSH CREEK

20. FILED Mar 11, 1938 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 10, 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 12, 1938, to Mar 10, 1938
 Last saw her alive on Mar 9th, 1938. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Myocarditis.
Mitral stenosis (?)
Arteriosclerotic nephritis
48

Date of onset

Indefinite

Other contributory causes of importance:

Cancer of Uterus.Name of operation (Clinical) Date ofWhat test confirmed diagnosis (Biopsy) Was 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) M. M. Brown, M. D.(Address) 836 Prof Bldg ICEB

Prof. Collier

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed George M. Collier

Licensed Embalmer No. 3839

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.)