

REC'D MAY 9 1938

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

13537
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Jean Primary Registration District No. 1002 Registered No. 1517
(c) City Kansas City (d) Street No. 42 Cogen Loop 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 Myrtle Poland 453
(a) Residence, No. 533 E 24th 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4-1895

7. AGE YEARS 42 MONTHS 9 DAYS 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as housewife
9. Industry or business in which work was done, as housewife
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) Arkansas

FATHER 13. NAME Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) John S. Brown
Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph DATE 4-8-38

19. FUNERAL DIRECTOR (ADDRESS) Libron
Kansas City, Mo.

20. FILED Apr 7 1938 W. Brown
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4 1938

22. I HEREBY CERTIFY That I attended deceased from 3-18, 1938 to 4-4, 1938
I last saw him/her alive on 4-4, 1938 Death is said to have occurred on the date stated above, at 10:35 am
The principal cause of death and related causes of importance were as follows:
Cholelithiasis and
Cholecystitis; 126
Erythema Multiforme
Other contributory causes of importance:
Septicemia

Name of operation Date of
What test confirmed diagnosis? 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
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?
If so, specify P. H. DeMara M. D.
(Signed) W. Brown
(Address) St. Joseph, Mo.

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, Philip C. Tibone, Licensed Embalmer No. 3135

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Philip C. Tibone
Licensed Embalmer No. 3135

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.)