

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

17281
 Do not use this space.

REC'D JUN 9 1938

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399
 (b) Township KAW Primary Registration District No. 1007
 (c) City KANSAS CITY (d) Street No. St Joseph Hosp Registered No. 1978
 (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. 902 E 29 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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 4 - 12 - 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.
- - - - - 3 d. min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. child.
 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) KANSAS CITY Mo.

FATHER 13. NAME JERD, THOS. BALES. D

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monitor Co. Mo.

MOTHER 15. MAIDEN NAME Alice E Osborn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS CITY Mo.

17. INFORMANT (ADDRESS) J. T. BALES. 902 E 29

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. MORIAH DATE May 13, 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. W. Newcomers, 505 Paseo + Brush Creek

20. FILED May 13, 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12-1938

22. I HEREBY CERTIFY, That I attended deceased from 5-12, 1938, to 5-12, 1938
 I last saw him alive on 5-12, 1938 Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Prematurity - 32nd week gestation. Date of onset 6-17
1570
 Other contributory causes of importance:
Congenital heart disease
Unusually large foramen ovale

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? No 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? _____
 If so, specify _____
 (Signed) R. B. Simular Jr., M. D.
 (Address) 1103 Grand Avenue

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

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.