

REC'D JUL 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

22033

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson  
 (b) Township Base  
 (c) City Independence  
 (e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 398  
 Primary Registration District No. 3019 Registered No. 170  
 (d) Street No. 305 So. Main St. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 305 South Main 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
51 0 3

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deppinsville Mo.

FATHER 13. NAME Wm B. Douglas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanonville Kentucky

MOTHER 15. MAIDEN NAME Margaret Hedwig

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tennessee

17. INFORMANT (ADDRESS) John W. Stone 305 So. Main St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deppinsville, Mo. DATE June 5 1938

19. FUNERAL DIRECTOR (ADDRESS) George E. Carson Independence, Mo.

20. FILED 6-11-38 19. 38 J. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 1938

22. I HEREBY CERTIFY, That I attended deceased from May 3 1938 to June 3 1938  
 I last saw her alive on June 3 1938 Death is said to have occurred on the date stated above, at 150 R.M. m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma Rt Breast with general metastasis Date of onset 1937

Other contributory causes of importance: 50 Acute myocarditis 6/1/38

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. Lewis A.O. Mo.  
 (Address) 202 S. 5th St. Independence 366

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.

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**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.....

Licensed Embalmer No.....

**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.)**