

REC'D SEP 13 1938

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

27947
Do not use this space.

1. PLACE OF DEATH
 (a) County JACKSON Registration District No. _____
 (b) Township KAW Primary Registration District No. _____ Registered No. 3258
 (c) City KANSAS CITY (d) Street No. Trinity Lutheran Hosp. 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 Infant LAURA CLIBORN 416
 (a) Residence, No. 5815 Montgall 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) Aug. 15-1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 19 hrs. or min.
0 0 .

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 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 Claude E. Cliborn
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Republic Mo.

MOTHER 15. MAIDEN NAME Sadia M. Shannon
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain Co. Mo.

17. INFORMANT Claude E. Cliborn
 (ADDRESS) 5815 Montgall

18. BURIAL, CREMATION, OR REMOVAL PLACE CREMATION DATE Aug. 17, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D.W. Newcomers Son PASE + BRUSH CREEK

20. FILED Aug 17, 1938 M. M. Krome Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. - 16, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1938, to Aug 16, 1938
 I last saw h. alive on Aug 16, 1938 Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:
Premature Birth
 Date of onset _____
 159
 Other contributory causes of importance: _____

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

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) Carla Jackson M. D.
 (Address) 507 1/2 Olive St

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.

Emmerson Bley 01-9171

WA 4193

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,

George M. Collier, or by

Registered Apprentice No., working under my personal supervision.

Signed *George M. Collier*

Licensed Embalmer No. *3839*

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.