

REC'D OCT 15 1938

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

31486
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Rau Primary Registration District No. 1002 Registered No. 3783
 (c) City Kansas City, Mo. (d) Street No. General Hospital #2 St. 1210
 (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

(a) Residence, No. 676 Cottage Lane St. 1210
 (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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-15-1889
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 9 10
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
 9. Industry or business in which work was done, as saw mill, bank, etc. Domestic
 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 Deceased
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.
 MOTHER 15. MAIDEN NAME Deceased
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.
 17. INFORMANT (ADDRESS) Record Clerk General Hospital
 18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 9-28-38
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. B. Moore 1820 E. 15th Street
 20. FILED Sept 28 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-25, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 9-19, 1938, to 9-25, 1938
 I last saw him alive on 9-25, 1938. Death is said to have occurred on the date stated above, at 6:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Uremia following operation for acute Appendicitis
Uterine Fibroid
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____
 23. If death was due to external causes (violence) all in any of the following: Accident, suicide, or homicide? _____
 Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in individual's home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? 1
 If so, specify _____
 (Signed) [Signature], M. D.
 (Address) _____

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.