

REC'D

NOV 21 1938

20652

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

34636

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson 1 Registration District No. 395  
(b) Township Ross Primary Registration District No. 1002  
(c) City Hansons City (d) Street No. 1828 Mercer Registered No. 3972  
(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. 1116 West 18th 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 Wm E Sevedge  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 5 - 1886  
7. AGE YEARS 52 MONTHS 7 DAYS 3 If LESS than 1 day, .....hra. or .....min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Over 5 years  
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Greenwich  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME John W Bell  
14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Unknown

17. INFORMANT Mrs Claude Porter  
(ADDRESS) 1828 Mercer

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Maple Hill DATE 10-11 1938

19. FUNERAL DIRECTOR Samuel Row  
(ADDRESS) 1536 Minnesota

20. FILED Oct 11, 1938 Dr. A. A. Crowe  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-8 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1934 to Oct 8 1938  
Last saw her alive on Oct 1st 1938 Death is said to have occurred on the date stated above, at 11:00 p.m.

The principal cause of death and related causes of importance were as follows:

General Carcinomatosis Date of onset  
Origin growth in  
Right Ovary!

Other contributory causes of importance:  
Chronic Myocarditis H & W

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? No  
If so, specify Paul A. Seufel M.D.  
(Signed) Paul A. Seufel  
(Address) 243 Plaza Medical Bldg  
Hansons City 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.

*Vertical handwritten text on the right margin, possibly a date or initials.*

**STATEMENT BY LICENSED EMBALMER**

I, Katie D Parish....., Licensed Embalmer No. 2391

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

..... L. E.  
No..... or by Virgil Mills Jr....., Registered Apprentice No. 883  
working under my personal supervision.

Signed Katie D. Parish

Licensed Embalmer No. 2391

**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.)**