

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

34746
Do not use this space.

NOV 21 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kan Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. KC Gen 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

(a) Residence, No. 2310 E 11th St. 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 7. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andy
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 1884
 7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min. 54 3 9
 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. Housewife
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18 1938
 22. I HEREBY CERTIFY, That I attended deceased from 9-26 1938 to 10-18 1938
 I last saw him alive on 10-18 1938 Death is said to have occurred on the date stated above, at 11:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Date of onset
wang; Perforated
left intestine
 Other contributory causes of importance: 49 a
Peritonitis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 FATHER 13. NAME Henry Rowe
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 MOTHER 15. MAIDEN NAME Elizabeth Norman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT (ADDRESS) Debra Clark
KC Gen Hosp
 18. BURIAL, CREMATION, OR REMOVAL PLACE Pittsburg Mo DATE 10-20 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mr CR Foster
918 Brooklyn Rd Mo
 20. FILED Oct 19 1938 M. M. Brown Local Registrar.

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?..... 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) P. F. De Maria M. D.
 (Address) Sup't KC Gen Hosp

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.