

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

38328

Do not use this space.

REC'D DEC 14 1938

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. Elsmere Hotel 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 626 ELIZABETH M. PROSSER
 (a) Residence, No. Elsmere Hotel St.
 (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Perry Prosser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 9

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME T. J. Moorman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

MOTHER 15. MAIDEN NAME Lucy Davis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 3

17. INFORMANT Dr. Norman Prosser
 (ADDRESS) Peaceman's Plaza, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick, Mo. DATE Nov. 25 1938

19. FUNERAL DIRECTOR (NAME) Stine & McClure
 (ADDRESS) 3235 Gillham Plaza, Kansas Cy., Mo.

20. FILED Nov 23, 38 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1937 to Nov 23 1938
 I last saw her alive on Nov 23 1938 Death is said to have occurred on the date stated above, at A. m. 12:40
 The principal cause of death and related causes of importance were as follows:
Acute Coronary Occlusion
Pulmonary Edema
948

Other Contributory causes of importance:
Chronic Bronchial Asthma Ad. yrs
Acute Coronary Occlusion Feb, 1938

Name of operation none Date of _____
 What test confirmed diagnosis? Chineto 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? 1
 If so, specify _____
 (Signed) Chas. M. Fisher M. D.
 (Address) 430 Professional Bldg.

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.