

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

40599
 Do not use this space.

REC'D DEC 16 1938

1. PLACE OF DEATH

(a) County Kernon Registration District No. 875
 (b) Township Washington Primary Registration District No. 6/62 Registered No. 284
 (c) City Neuada, Mo (d) Street No. State Hospital #3 Neuada 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. Emma Wilson St. (If nonresident, give city or town and State)
Jackson County, Mo (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 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) 1863
 7. AGE YEARS 75 MONTHS — DAYS — IF LESS than 1 day, hrs. 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)
 11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5 1938
 22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1938 to Nov 5 1938
 I last saw her alive on Nov 5 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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

Other contributory causes of importance:
Broncho-pneumonia 1938
1070
Gen. Arteriosclerosis 1938

FATHER 13. NAME unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

Name of operation none Date of —
 What test confirmed diagnosis? Was there an autopsy? no

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? none Date of injury —, 19—
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Records of Hospital #3 Neuada, Mo

Manner of injury none
 Nature of injury —

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo DATE Nov 8 1938

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify —
 (Signed) A. C. Miller M.D., M. D.
 (Address) State Hospital #3 Neuada, Mo

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mr. & Mrs. J. E. Fustle Kansas City, Mo
 20. FILED 11/6 1938 Allen D. Hays Local Registrar

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.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-484

Date Filed 12-6-38

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.