

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

1047
 Do not use this space.

REC'D FEB 20 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 391
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 2935 Indiana 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 2 1/2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

463 Mrs. Margaret Marie Pallard
 (a) Residence, No. 2935 Indiana 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 Claude L. Pallard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 9 22

OCCUPATION 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. housewife
 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) Kansas City Missouri

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Rosa Eirk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Annie Jane Pallard 2935 Indiana

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mariah DATE Jan. 7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. H. Newcomer Sons Brushcreek + Passaic

20. FILED Jan 6 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1938, to Jan 4 1939
 I last saw her alive on Jan 4 1939. Death is said to have occurred on the date stated above, at 3:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Emboli Dec 28
107a
 Other contributory causes of importance:
Bronchial pneumonia Dec 19
forming upper respiratory infection

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? no
Physician's package

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 _____
 (Signed) Owen H. Meyer, M. D.
 (Address) 220 Angyle 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.

OCT 17 1944

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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.....

Neil Carr

Licensed Embalmer No.....

3976

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.