

REC'D APR 17 1939

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

9480

Do not use this space.

1086

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
(b) Township Kaw Primary Registration District No. 1002 Registered No. 1086
(c) City Kansas City (d) Street No. 4816 Garboe 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 4816 Garboe 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 Clifford Mutchler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-4-1889
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 49 6 4
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At-home
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) Ontario
Canada
13. NAME Arthur Bretz 2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada 2
15. MAIDEN NAME Ann Parkinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada
17. INFORMANT (ADDRESS) Clifford Mutchler
4811 Garboe K.C. Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood Cremation DATE 3/10/39
19. FUNERAL DIRECTOR (ADDRESS) Stine & McClure & Co
K.C. Mo.
20. FILED Mar 10 1939 M. M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8-39 19
22. I HEREBY CERTIFY that I attended deceased from Deputy Coroner to 6:00 P.M. 19
I last saw Deputy Coroner on 6:00 P.M. Death is said to have occurred on the date stated above, at 6:00 P.M.
The principal cause of death and related causes of importance were as follows:
Acute pulmonary edema & congestion
(Cause undetermined - pending further autopsy investigation)
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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?
If so, specify _____
(Signed) Arthur H. Bretz M. D.
(Address) 2nd Ward, K.C. Mo.

1118

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.....
No..... or by....., Registered Apprentice No.....
working under my personal supervision.
Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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94807
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1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No. 1086
 (c) City..... (d) Street No. 4816 Jackson 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. Mrs Hazel Mitchler 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 [] 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) []

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF []

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 49

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. []
 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)

FATHER 13. NAME []

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

MOTHER 15. MAIDEN NAME []

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Nov 10 1939 M. M. Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 1939

22. I HEREBY CERTIFY, That I attended deceased from [] to [] 19[]

I last saw h. alive on [] 19[] Death is said to have occurred on the date stated above, at [] m.

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

Acute Pulmonary Edema & congestion
Pulmonary arteriosclerosis
Chronic diffuse myocardial fibrosis

Other contributory causes of importance:

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? []
 If so, specify []
 (Signed) [] M. D.
 (Address) []

SUPPLEMENTARY

