

REC'D APR 17 1939

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

9649

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson - 1 Registration District No. 399
(b) Township Raw Primary Registration District No. 1002 Registered No. 1255
(c) City Kansas City or (d) Street No. Mercy Hospital 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

Deloris Wyzard
(a) Residence, No. 1323 Forest H. Co. Mo. 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 W. 5. SINGLE/MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 mos 4

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.
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 Mo.

FATHER 13. NAME Wilbur Wyzard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon County Mo.

MOTHER 15. MAIDEN NAME Rosetta Phillips

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

17. INFORMANT (ADDRESS) Father, Wilbur Wyzard
1323 Forest H. Co. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE greenlawn DATE Feb. 22 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Quirk Co. Station Co.
Kansas City Mo.

20. FILED Feb 22 AM. Dr. Cronin
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 21 1939, to Mar 21 1939
I last saw her alive on Mar 21 1939 Death is said to have occurred on the date stated above, at 7:35 p.m.
The principal cause of death and related causes of importance were as follows:

Salutal
Broncho-pneumonia
primary 1070
Date of onset

Other contributory causes of importance:
Painful Conjugate
of internal organs

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) NS Soderberg M. D.
(Address) 5017 W. Gardner St.

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.