

REC'D MAY 16 1939

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

15078
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
 (b) Township Ray Blue Primary Registration District No. 5554 Registered No. 130
 (c) City Kansas City (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 445 Farley St. - m 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 Benjamin Ross
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 - 1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 7 10
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1939

22. I HEREBY CERTIFY, That I attended deceased from January 1938 to Apr 10 1939
 Last saw him alive on April 7 1939. Death is said to have occurred on the date stated above, at 4:40 p.m.
 The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia
Addressed Disease
 60
 Other contributory causes of importance:
Debility

Date of onset 4-1-39
 1-1-39

Name of operation none Date of _____
 What test confirmed diagnosis? none 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 Douglas & Jackson, M. D.
 (Signed) _____ (Address) 1103 E. Lombard K.C. Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison County Missouri
 FATHER 13. NAME Dont Know 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
 MOTHER 15. MAIDEN NAME Dont Know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
 17. INFORMANT (ADDRESS) Charollett Mosley Kansas City Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield Mo DATE April 12 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jas M Laughlin Marsden Mo
 20. FILED 4-17-39 F. L. Cook 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.

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,

James McLaughlin

or by *Dale Bunch*

Registered Apprentice No. *149*, working under my personal supervision.

Signed *James McLaughlin*

Licensed Embalmer No. *1274*

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.