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.

REC'D JUN 8 1939

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

17632
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 1 Registration District No. 399
(b) Township Kaw 1 Primary Registration District No. 1002 Registered No. 2034
(c) City Kansas City (d) Street No. St. Joseph Hosp. 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 200 Dixie Lee Pike.
(a) Residence, No. 3207 Myrtle. 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 Fc
4. COLOR OR RACE Wh.
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) Nov. 29-1934
7. AGE YEARS 4 MONTHS 5 DAYS 14 If LESS than 1 day, ...hrs. or ....min.

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) Missouri

FATHER
13. NAME Everett L. Pike.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Marie Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mr Everett L. Pike 3207 Myrtle Avenue
18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE May 15 1939
19. FUNERAL DIRECTOR (ADDRESS) D W Newcomer's Sons Paseo & Brush Creek
20. FILED May 15 1939 M. M. Crome Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1939
22. I HEREBY CERTIFY, That I attended deceased from May 8, 1939, to May 13, 1939
I last saw her alive on May 13, 1939. Death is said to have occurred on the date stated above, at 12:38 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	5/10/39?
Congenital Heart disease	birth
~~Arachno~~	
15 Mo	

Other contributory causes of importance:

Arachno-dactylia	birth

Name of operation ..... Date of .....
What test confirmed diagnosis? X-ray & Phy. finding 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? no
If so, specify .....
(Signed) George V Herrmann, M. D.
(Address) 1107 Bryant Bldg KC Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....Neil Carr

Licensed Embalmer No.....3976

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