

REC'D AUG 7 1939

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

24712
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399
 (b) Township Law 1 Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 1253 Denver 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.

Registered 2925

2. PRINT FULL NAME

(a) Residence, No. 1253 Denver 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 Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27-1897

7. AGE YEARS 42 MONTHS 0 DAYS 30 If LESS than 1 day, hrs. or min.

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.
 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) Nevada Mo

FATHER 13. NAME T. G. Culp

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

MOTHER 15. MAIDEN NAME Ida Freeman

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

17. INFORMANT Harry De Young (ADDRESS) 2913 Denver

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE July 29, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rose Henderson 155 Jackson

20. FILED July 19, 1939 M. M. Crone Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1939

I HEREBY CERTIFY That I attended deceased from May 15, 1939 to July 17, 1939
 I last saw her alive on July 17, 1939. Death is said to have occurred on the date stated above, at 10:29 a.m.

The principal cause of death and related causes of importance were as follows:
Cancer of Left Lung Date of onset 50

Other contributory causes of importance:
Cancer of Left Breast 19137

Name of operation Thorax Date of
 What test confirmed diagnosis Thorax 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 3

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) M. D.
 (Address) 2222 Prospect

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.

*Disposal
of the body of [unclear]*

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, _____

Wm E. Henderson

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *Wm E. Henderson*

Licensed Embalmer No. *3657*

P. O. Address *A. C. MO*

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.