

REC'D AUG 22 1939

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

25788

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Township _____ Primary Registration District No. 3919 Registered No. 222
(c) City Independence (d) Street W. 4th St. Sanitarium 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. 1406 Van Horn 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28 - 1896

7. AGE YEARS 42 MONTHS 10 DAYS 14 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Blue Springs (STATE OR COUNTRY) Missouri

FATHER 13. NAME Fred Smith

14. BIRTHPLACE (CITY OR TOWN) Blue Springs (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Hattie Morris

16. BIRTHPLACE (CITY OR TOWN) Jackson, Co (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Fred Smith, 1018 North Liberty

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs, Mo. 7/14/39

19. FUNERAL DIRECTOR (ADDRESS) George E. Carson, Independence, Mo.

20. FILED July 15, 1939 J. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1939

22. I HEREBY CERTIFY That I attended deceased from July 1, 1939 to July 12, 1939. I last saw him alive on July 12, 1939. Death is said to have occurred on the date stated above, at 11/406. The principal cause of death and related causes of importance were as follows:

poxemia Date of onset _____
0
0
Other contributory causes of importance:
0 anemia
0 Decubitus ulcer
Sen. debility

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? N.O.
If so, specify _____

(Signed) C. S. Bellmar, M. D.
(Address) 10307 Independence Ave, S.E.

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 comply with the above constitutes grounds for revocation of license.)