

SEP 6 1939

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

28083
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson, Registration District No. 399
 (b) Township Kaw, Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. 5026 Wabash, 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 3085

2. PRINT FULL NAME 160 Ada Ray Peifer,

(a) Residence, No. 5026 Wabash, 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 Frank Peifer,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 22, 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 6 9

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) Missouri,

FATHER 13. NAME Albert Young Todd,

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

MOTHER 15. MAIDEN NAME Mary Alice Bales,

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

17. INFORMANT (ADDRESS) Frank Peifer,
5026 Wabash, K. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nevada, Mo. DATE 8-3-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClure,
3235 Gillham Plaza, K. C., Mo.

20. FILED 8/2 1939 M. M. Browne
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 1, 1939.

22. I HEREBY CERTIFY That I attended deceased from June, 1938 to Aug 1, 1939.

I last saw h. alive on 8-1-, 1939 Death is said to have occurred on the date stated above, at 4:30 am.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix of uterus

Date of onset

Other contributory causes of importance:

unknown

Name of operation none Date of no
 What test confirmed diagnosis? Pathology Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no

Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) M. B. Caswell M.D.
 (Address) 925 Argyle Bldg K.C. Mo.

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.

Dr. Casebolt
329 Wheatport Rd
Va 5116

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 Emery M. Plank

Licensed Embalmer No. 1848

P. O. Address K. 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.