

REC'D SEP 6 1939

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

28105
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson 2 Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1007
 (c) City Kansas City 1 (d) Street No. 3407 BENTON 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 MRS. MINNIE H. SHUTT
 (a) Residence, No. 3407 Benton 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 M. A. Shutt
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1867
 7. AGE YEARS 71 MONTHS 9 DAYS 1 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) Ohio 1
 FATHER 13. NAME Fred Brooker 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1
 MOTHER 15. MAIDEN NAME Sarah Sanction
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perma
 17. INFORMANT (ADDRESS) M. A. Shutt
3407 Benton
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE August 4 39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dw. Newcomer
9140 1 Brush Creek
 20. FILED 7 4, 1939 M. M. Groves Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2, 1939
 22. I HEREBY CERTIFY, That I attended deceased from July 4, 1939, to Aug 2, 1939
 I first saw her alive on Aug 2, 1939. Death is said to have occurred on the date stated above, at.....m.
 The principal cause of death and related causes of importance were as follows:
Bronchial pneumonia July 29-39
107a
 Date of onset
 Other contributory causes of importance:
 Name of operation none Date of.....
 What test confirmed diagnosis?..... 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) Arthur L. Stenson M. D.
 (Address) 3400 East 31
R.G. 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.

31st & Indiana

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 George M. Collier

Licensed Embalmer No. 3839

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.