

SEP 6 1939

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

28182  
Do not use this space.  
8184

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 100  
(c) City Kansas City (d) Street No. General Hospital St.  
(e) Length of residence in city or town where death occurred 21 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

452 Mrs. Frances MELLINGER.  
(a) Residence, No. 3501 Raytown Road. 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 Mr. John R. Mellinger  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1891.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
48 0 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
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) Jefferson City  
(STATE OR COUNTRY) Missouri.

FATHER 13. NAME John Kohler  
14. BIRTHPLACE (CITY OR TOWN) Germany.  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Ann Krumman.  
16. BIRTHPLACE (CITY OR TOWN) Missouri.  
(STATE OR COUNTRY)

17. INFORMANT Mr. John R. Mellinger.  
(ADDRESS) 3501 Raytown Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE 8/12/38. 19

19. FUNERAL DIRECTOR (NAME) Melody-McGilley.  
(ADDRESS) K. C. Mo.

20. FILED 8/11 1939 M. M. Grows  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10-39 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Carone Death is said

to have occurred at the date stated above, at 5:30 P.M.

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

Squamous cell carcinoma of cervix & extension to bladder wall  
Other conditions of importance: 48

Name of operation Date of Yes

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 if

Nature of injury

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

If so, specify

(Signed) Melody McGilley M. D.

(Address) San Diego; 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.

MISSOURI STATE BOARD OF HEALTH—BUREAU OF VITAL STATISTICS—THIS IS A PERMANENT RECORD

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**