

SEP 6 1939

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

28192
Do not use this space.

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. 1733 Forest Registered No. 3194
 (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. 1733 Forest 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 Fe. 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8 1925
 7. AGE YEARS 14 MONTHS 7 DAYS 1 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 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) Kansas City Mo

FATHER 13. NAME John Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baldwin Kansas

MOTHER 15. MAIDEN NAME Naomi Doolin

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

17. INFORMANT (ADDRESS) Naomi Walker 1733 Forest

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 8-12-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Young & Brady 1513 Forest

20. FILED 9 12 39 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-9-1939
 22. I HEREBY CERTIFY, That I attended deceased from 8-1-39 to 8-9-39
 I last saw her... alive on 8-8-39 Death is said to have occurred on the date stated above, at 5:00 m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis
27
 Date of onset unknown

Other contributory causes of importance: unknown

Name of operation none 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? no 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? no
 If so, specify _____
 (Signed) F. J. Gough, M.D.
 (Address) 2200 East 18

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.

RECORD WITH UNWRITING THIS IS A PERMANENT RECORD

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

Oran Samuelson

Licensed Embalmer No... *3002*

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.