

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
CERTIFICATE OF DEATH

28384
Do not use this space.

SEP 6 1939

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Kan Primary Registration District No. 100
(c) City Kansas City (d) Street No. St. Marys Hoops Registered No. 3386
(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 Army Irene Van Depopulier
(a) Residence, No. Parkville, Mo. St. St. Marys Hospital
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and state)

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 Marcell Van Depopulier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 6 28

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) Lexington, Mo.

FATHER
13. NAME Charles Jantzgen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County, Missouri

MOTHER
15. MAIDEN NAME Delsie Newkirk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County, Missouri

17. INFORMANT (ADDRESS) Marcell Populier, Parkville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkville, Mo. DATE 6-7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edmund H. Franke, Parkville, Mo.

20. FILED 8/28, 1939 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1939

22. I HEREBY CERTIFY That I attended deceased from May 1, 1939, to June 5, 1939. I last saw her alive on June 4, 1939. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:
Generalized Peritonitis, Chronic Ulcerative Colitis

Date of onset 20h

Other contributory causes of importance:

Name of operation none Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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? No
If so, specify.....
(Signed) Hudenswood, M. D.
(Address) Parkville, Mo.

Francis
1904

1939
1904.11 - 7
34-6-28

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, *yes*

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Leland W Francis*

Licensed Embalmer No. *3451*

P. O. Address *Parkville 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.