DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35038

Registration District No. 399 — Primary Registration District No. 1062 — Registrar's No. 4013

[redacted] NOV 14 1939

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1122 Prospect (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution: No (Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. 1 (b) County: Jackson

(c) City or town: Kansas City, Mo. (If outside city or town limits, write "RURAL")

(d) Street No.: 1122 Prospect (If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME: Daisy Elmeeta Paget 230

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Fem

5. Color or race: White

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Joshua

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: 4/6/1897 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
42	6	12	hr. min.

9. Birthplace: Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation: Housewife 1

11. Industry or business: xx 9

MOTHER FATHER

12. Name: William Flugel

13. Birthplace: Buffalo, N. Y. (City, town, or county) (State or foreign country)

14. Maiden name: --Arthur

15. Birthplace: No record (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Joshua Paget

(b) Address: 1122 Prospect

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/20/39 (Month) (Day) (Year)

(c) Place: burial or cremation: Floral Hills

18. (a) Signature of funeral director: John P. Shiel

(b) Address: 6606 Indep. Av., K. C. Mo.

19. (a) 10/19/39 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10-17-39 day year hour minute 5-30 P.M.

21. I hereby certify that I attended the deceased from 19 to 19; last saw alive on 19; death occurred on the date and hour stated above.

Deputy Coroner

	Duration
Immediate cause of death: Bilateral fibro-caseous pulmonary	
Due to: tuberculosis & cavitation	
Due to: Tuberculous retro-peritoneal	
Other conditions (Include pregnancy within one year of death): Abscess	
Major findings: Of operations: 22	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work?

Nature of injury:

23. Signature: [illegible] (M. D. or other)

Address: K. C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39
1 X19511

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.