

FILED APR 12 1940

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

9687

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township KAW Primary Registration District No. 1002 Registered No. 1121  
(c) City Kansas City (d) Street No. St. Luke's Hospital 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

(a) Residence, No. NEODOSHA, KANSAS / St.  NEODOSHA, KANSAS  
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN STITT  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
71 | 1? | ?  
8. Trade, profession, or particular kind of work done, as sawyer, book keeper, 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) Unknown 913. NAME Unknown 914. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 915. MAIDEN NAME Unknown 916. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Hospital Records  
(ADDRESS) City18. BURIAL, CREMATION, OR REMOVAL PLACE Neodesha, Kans. DATE Mar. 12, 194019. FUNERAL DIRECTOR (NAME) D. H. Newman's Sons  
(ADDRESS) Kansas City, Missouri20. FILED Mch 11, 1940 M. M. Crowe  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) . 19

22. I HEREBY CERTIFY, That I attended deceased from 3-10 1940, to 3-11 1940I last saw her alive on 3-11 1940. Death is said to have occurred on the date stated above, at 11:30p m.

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

Acute hemorrhagic pancreatitis  
126

Other contributory causes of importance:  
Chronic cholecystitis;  
Cholelithiasis; Shock

Name of operation Laparotomy Date of 3-11-40What test confirmed diagnosis? Laparotomy Was there an autopsy? Yes23. 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? NoIf so, specify H. P. Luhn M. D.  
(Signed) H. P. Luhn  
(Address) Professional Bldg

**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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.**