

**FILED AUG 14 1940**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24397  
3007

State File No. \_\_\_\_\_

399

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH** Jackson

(a) County Kansas City

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

(c) Name of hospital or institution: 3114 Michigan  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community No record  
years, months or days \_\_\_\_\_  
Mrs. Hattie Edelen

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Jackson

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

(d) Street No. 3114 Michigan Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** Mrs. HATTIE EDELEN

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 8, 1859  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>80</u>	<u>7</u>	<u>21</u>	hr. _____ min.

9. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name No record

13. Birthplace No record

14. Maiden name No record

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

16. (a) Informant James W. Stewart

(b) Address 3114 Michigan

17. (a) Burial (b) Date thereof July 30, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thomas E. Quirk

(b) Address 4316 Troost Ave

19. (a) July 29, 1940 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 27th  
year 1940 hour 11.30 P.M. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_  
that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that he died \_\_\_\_\_ on the date and hour stated above.  
Immediate cause of death: Chronic myocarditis

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 \_\_\_\_\_ about home, on farm, in industrial place, in public place?  
While at work \_\_\_\_\_ (Specify type of place) (Cause of injury) \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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 \_\_\_\_\_ about home, on farm, in industrial place, in public place?  
While at work \_\_\_\_\_ (Specify type of place) (Cause of injury) \_\_\_\_\_

23. Signature Victor M. Huber (M. D. or other) \_\_\_\_\_  
Address R. C. Mo. Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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 Thomas E. Zwick

Licensed Embalmer No. 3775

P. O. Address N. C. Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**