

V. S. No. 2  
M-4-13-40  
Rev. 5-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9501**  
**910**  
Registrar's No. \_\_\_\_\_

**APR 15 1941**  
Registration District No. **399**

Primary Registration District No. **1002**

48  
3  
8

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

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City, Mo.**  
(c) Name of hospital or institution: **Children's Mercy Hospital**  
(d) Length of stay: In hospital or institution **Feb. 21, 1941**  
**March 4, 1941** (Specify whether  
In this community.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **51**  
(c) City or town **Holden**  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? **1** years.

3. (a) PRINT FULL NAME **FAMULINER, Julia Ann**  
(b) If veteran, name war **No**  
(c) Social Security No. **No**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **4**  
year **1941** hour **4:20** minute **P.M.**  
21. I hereby certify that I attended the deceased from **Feb. 21**  
**1941** to **March 4, 1941**  
that I last saw **her** alive on **March 4**, 1941  
and that death occurred on the date and hour stated above.

4. Sex **7 1** 5. Color or race **w**  
6. (a) Single, widowed, married, divorced **single**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased **March 22 1940**  
(Month) (Day) (Year)

Immediate cause of death  
**Surgical shock** **1 hr.**  
Due to **Brain Tumor of 4th Ventricle - malignant**  
Due to **Medullary blastoma** **2 1/2 mos.**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
**11** hr. min.  
9. Birthplace **Holden, Mo.**  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: **Tumor of Brain in 4th Ventricle**  
Of operations **548**  
Of autopsy **548**  
Underline the cause to which death should be charged statistically.

10. Usual occupation **Infant**  
11. Industry or business \_\_\_\_\_  
12. Name **Bryce E. Famuliner**  
13. Birthplace **Garden City, Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Genevieve Davis**  
15. Birthplace **Holden, Mo.**  
(City, town, or county) (State or foreign country)

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?  
\_\_\_\_\_

16. (a) Informant **Bryce E. Famuliner**  
(b) Address **Holden, Mo. Route #1**  
17. (a) **Burial** (b) Date thereof **March 6, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**Rose Hill Cem. Near Lator, Mo.**  
(c) Place: burial or cremation  
18. (a) Signature of funeral director **R. Pleasant Hill mi**  
(b) Address **214/4**  
19. (a) **214/4** (b) **m. n. Crowe**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury **0**  
23. Signature **Ronald F. Coburn** (M. D. or other) **M.D.**  
Address **1103 Grand, K.C. Mo.** Date signed **March 4, 1941**

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**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 complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**