

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE **FILLED JUN 16 1941** MISSOURI STATE BOARD OF HEALTH  
BUREAU OF THE CENSUS **STANDARD CERTIFICATE OF DEATH**

State File No. 18733

Registration District No. 695 Primary Registration District No. 5922 Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
(a) County Platte  
(b) City or town Parkville  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days (Specify whether \_\_\_\_\_)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 2020 E 38th St  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

**3. (a) PRINT FULL NAME** Judith Helen Booth  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

5. Color White 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 April 13 - 1939  
(Month) (Day) (Year)

**8. AGE:** Years 2 Months 1 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

**MOTHER FATHER**  
12. Name Robert J Booth  
13. Birthplace Kansas City Mo  
14. Maiden name Mary E. Platt  
15. Birthplace Dearborn Mo

16. (a) Informant Robert J. Booth  
(b) Address 2020 E. 38th St. K.C. Mo.

17. (a) removed (b) Date there May 17 - 41  
(c) Place: burial or cremation Forest Hill - K.C. Mo.

18. (a) Signature of funeral director Leland H. Lamm  
(b) Address Parkville Mo

19. (a) 5-25-41 (b) S. J. Ford  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month May day 13  
year 1941 hour 3 minute 28 M.  
21. I hereby certify that I attended the deceased from May 13 to May 13, 1941,  
that I last saw her alive on May 13, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Automobile and truck head on collision  
Due to Contact of car and truck  
Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy None

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence May 13 1941  
(c) Where did injury occur? On Highway 9 near 71  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
One highway No 9 near junction 71  
White at work? No (e) Means of injury truck  
23. Signature M. J. Moore (M. D. or other) Dr. S. J. Ford  
Address Dearborn Mo Date signed 5/24/41

Duration Buddha  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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 Me

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

Signed L. H. 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.**