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Do not use this space.

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

FILED JAN 23 1947

1348 4
105

1. PLACE OF DEATH
 County Jackson Registration District No. 149
 Township Rawley Primary Registration District No. 1002
 City Kansas City No. _____ St. _____ Ward _____

2. FULL NAME Etta M. Stodgel St. Mary's Hospital 6 weeks
 (a) Residence, No. Deepwater Mo Ward _____
 (Usual place of abode) _____
 Length of residence in city or town where death occurred 6 weeks yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert D. 76 yrs.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
66 8 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, 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) Henry Co., Missouri

FATHER
 13. NAME Ransom Bennett
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
 15. MAIDEN NAME Cynthia Nevitt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Robert D. Stodgel
 (ADDRESS) Deep Water Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton, Mo. DATE 1-9-47

19. UNDERTAKER Fred Wilkinson
 (ADDRESS) Clinton Mo

20. FILED 1-9-47 19 47 Geraldine Holmes
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1947

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1947, to Jan 8 1947
 I last saw him alive on Jan 8 1947. Death is said to have occurred on the date stated above, at 5:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Endocarditis
etiology unknown
 Date of onset _____

Other contributory causes of importance: 92

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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? _____
 If so, specify _____
 (Signed) H. E. ... M. D.
 (Address) 618 Prof. Bldg
Keokuk

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

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.....

Fred Wilkinson Jr......, Registered Apprentice No. *443*
working under my personal supervision.

Signed..... *Fred Wilkinson*

Licensed Embalmer No. *2478*

P. O. Address *Clinton, N*

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, fact should be so stated above.