

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

1798
Do not use this space.

1. PLACE OF DEATH

(a) County..... Jackson Registration District No. 399
 (b) Township..... Kaw Primary Registration District No. 100
 (c) City..... Kansas City (d) Street No. St. Lukes Hospt.
 (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

Florence Margaret Wauthier 360
 (a) Residence, No. 915 E. 33rd.
 (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 Fe. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alfred Wauthier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6th. 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 6 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
 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) Watertown Mass.

FATHER 13. NAME Timothy P. Hayes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

MOTHER 15. MAIDEN NAME Mary McDonald

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Capbritton Nova Scotia

17. INFORMANT (ADDRESS) Alfred Wauthier 915 E. 33rd K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wichita Kansas DATE Feb 2nd 1938

19. FUNERAL DIRECTOR (ADDRESS) Eylar Funeral Home 1800 Linwood K.C.Mo.

20. FILED Jan 30 1938 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30 1938

22. I HEREBY CERTIFY That I attended deceased from Jan. 27, 1938 to Jan 30, 1938
 I first saw her alive on Jan. 30, 1938 Death is said to have occurred on the date stated above, at 12:30 m.
 The principal cause of death and related causes of importance were as follows:

① Uremia
 ② Chronic Arteriosclerotic Nephritis
 ③ Arterial Hypertension
 Other contributory causes of importance: Terminal Broncho-pneumonia
 Date of onset 1-27-38
About 2 years ago
1-29-38

Name of operation Autopsy Date of 1-31
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. 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? No
 If so, specify Ferneth A. Tang, M. D.
 (Address) 3391 Woodland Kansas City, Mo.

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.

RECEIVED

FEB 18 1937

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Olinus H. Egelar Licensed Embalmer No. 632

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Chas Wilks

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Chas Wilks
Licensed Embalmer No. 2644

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.)