

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH5553  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City K.C. Mo (d) Street No. 608 E 17th Registered No. 619 St.  
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

Mary Edwards 363  
 (a) Residence, No. 608 E. 17th St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Don't know

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5-1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
36 4 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housework  
 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) Emporia Kans

FATHER 13. NAME Chas W. Holmes  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Don't know  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Dr M J Holmes  
 (ADDRESS) 1409 E. 17th

18. BURIAL, CREMATION, OR REMOVAL Lincoln Cemetery KC Mo DATE 2-7-38

19. FUNERAL DIRECTOR Flynn & Greenstreet  
 (ADDRESS) K.C. Mo

20. FILED 277 1938 M. M. Brown  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2-1938

22. I HEREBY CERTIFY, That I attended deceased from

19....., 19.....  
 I last saw him alive on....., 19..... Death is said to have occurred on a date stated above, at..... m.  
 The principal cause of death and related causes of importance were as follows:

Deputy Coroner  
Labar pneumonia (rt)  
Empyema

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?

If so, specify.....  
 (Signed) Kitty Suttie M. D.  
 (Address) San Diego, K.C. Mo

STATEMENT BY LICENSED EMBALMER

I, Jimmy Flynn

Licensed Embalmer No. 2211

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edward J. Evans

L. E.

No. 3836

or by

Registered Apprentice No.

working under my personal supervision.

Signed

Jimmy Flynn

Licensed Embalmer No. 2211

**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.)**