

REC'D MAR 14 1938

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

5688
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Peace Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 1638 Registered No. 754
Washington St.
(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 Carrie Webster 123
(a) Residence, No. 1638 Washington 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 fe 4. COLOR OF RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Webster
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 7 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 10 6
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc. at home
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) Pa
FATHER 13. NAME Edward Irwin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa
MOTHER 15. MAIDEN NAME Ann Dumbaug
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa
17. INFORMANT (ADDRESS) Alberta King
12 Washington
18. BURIAL, CREMATION, OR REMOVAL PLACE Winchester DATE 2-16-38
19. FUNERAL DIRECTOR (ADDRESS) Mrs. C. L. Foster
918 Broadway
20. FILED 2714 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1938 to Feb 13 1938
I last saw h. alive on Feb 13 1938 Death is said to have occurred on the date stated above, at 1238 P
The principal cause of death and related causes of importance were as follows:
Date of onset
Erysipelas (facial) Feb.
Ch. Subcutaneous emphysema 4 yrs.
Aortic Insufficiency 2 yrs
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Chondrocallos as 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) Ch. Counsel M. D.
(Address) 708 W. 17th St.

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,, Licensed Embalmer No.....

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

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)