

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

9733
Do not use this space.

REC'D APR 23 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kew Primary Registration District No. 1097 Registered No. 1198
 (c) City Kansas City (d) Street No. Trinity Lutheran Hospital 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ms. Josephine R. Bards 163
 (a) Residence, No. 4323 Wayne 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 OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
65 0 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) Austria

FATHER 13. NAME Bauer

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

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mr. Fred W. Huff
4323 Wayne

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Mar. 16, 1938

19. FUNERAL DIRECTOR (ADDRESS) W. W. Newcomer's Sons
Bushcreek & Paseo

20. FILED Nov. 16 1938 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14 1938

22. I HEREBY CERTIFY That I attended deceased from March 9, 1938, to March 14, 1938
 I last saw her alive on March 14, 1938. Death is said to have occurred on the date stated above, at.....m.
 The principal cause of death and related causes of importance were as follows:

Angina pectoris
94 W
 Date of onset 3/9-38

Other contributory causes of importance:

Name of operation None Date of 3/14/38
 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? _____ 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 _____
 (Signed) J. M. Cacciano, M. D.

(Address) 3850 Broadway

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.

3800
~~3976~~ + Brounstein
WA 6493
1 PM to 3 PM.

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 _____

Nell Carr

Licensed Embalmer No. _____

3976

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.)