

REC'D APR 23 1938

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

9761

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. \_\_\_\_\_  
(b) Township Kan Primary Registration District No. \_\_\_\_\_  
(c) City Kansas City (d) Street No. 1226 Gen Hosp 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.

Registered No. 1226

## 2. PRINT FULL NAME

Alice May Good  
(a) Residence, No. 1728 Summit 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82

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. Widow  
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) Sebas13. NAME Stawlings14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sebas15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sebas17. INFORMANT (ADDRESS) Mrs. Wilcox  
1728 Summit18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 3/18  
Edgeland Park19. FUNERAL DIRECTOR (ADDRESS) Bigman Funeral Home20. FILED 3-18-38 M.M. Crowe Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15, 193822. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1938, to Mar 15, 1938I last saw her alive on 3-15, 1938 Death is saidto have occurred on the date stated above, at 8:05 P.M.

The principal cause of death and related causes of importance were as follows:

Bilateral Congen Date of onsetent Bronch 1860Pneumonia

Other contributory causes of importance:

Fracture of femuraccidental fall inhome on 3-11-38Name of operation None 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 3-11-38Where did injury occur? 7cc mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

fell from bed in home

Manner of injury \_\_\_\_\_

Nature of injury Fracture femur

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) P. F. De Maria, M. D.(Address) 1226 Gen HospJohn May

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

50M-7-37 1 X12004

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.

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**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.)**