

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

9815
 Do not use this space.

REC'D APR 23 1938

PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Naw Primary Registration District No. 1007
 (c) City Kansas City (d) Street No. 1209 Woodland Registered No. 1280
 (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 Barbara Jean Moreland 645
 (a) Residence, No. 1209 Woodland St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-8-1936
 7. AGE YEARS 2 MONTHS 1 DAYS 10 If LESS than 1 day,hra. ormin.
 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) Kansas City Mo.

FATHER 13. NAME Prentiss Moreland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texar Kansas Texas

MOTHER 15. MAIDEN NAME Mary Freeman

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

17. INFORMANT (ADDRESS) Prentiss Moreland 1209 Woodland

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 3-22-38

19. FUNERAL DIRECTOR (ADDRESS) Adkins Bros. 2000 E. 12th

20. FILED Mar 22 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/18/38, 1938, to 3/18/38, 1938. I last saw her alive on 3/18/1938. Death is said to have occurred on the date stated above, at 9 p.m.

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

Measles & Pneumonia
 Other contributory causes of importance: Broncho-Pneumonia

Date of onset (7)

Name of operation Date of What test confirmed diagnosis clinical Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury 19..... Where did injury occur? no (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 Eugene B. Perry, M. D. (Signed) 1214 Union, K. Mo. (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACT. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION should be given.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES
OFFICE OF THE STATE EMBALMER

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.)