

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

10996
 Do not use this space.

REC'D APR 18 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 3180
 (b) Township Blue Primary Registration District No. 1554 Registered No. 91
 (c) City Independence (d) Street No. 1620 Harvard 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

(a) Residence, No. 1620 Harvard 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18-1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
83 0 5
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
 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) Oskaloosa Iowa
 FATHER 13. NAME James Wharton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT Lester W. Lukens
 (ADDRESS) 1620 Harvard
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oskaloosa, Iowa DATE Mar 25 38
 19. FUNERAL DIRECTOR (ADDRESS) George Ekensson
Independence, Mo.
 20. FILED 3-28-38 J. L. Cook
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23 1938
 22. I HEREBY CERTIFY That I attended deceased from March 21, 1938 to March 23, 1938
 I last saw her alive on March 22, 1938 Death is said to have occurred on the date stated above, at 3a m.
 The principal cause of death and related causes of importance were as follows:
Acute Cardiac Degeneration Date of onset 3/21
 Other contributory causes of importance: 93C
Arteriosclerosis, Fibrillation
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Adm. Signs 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?
 If so, specify _____
 (Signed) Dean S. Perry M. D.
 (Address) 1107 Bryant Bldg

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

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.

50M-7-28-37 I X12004

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.)