

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.

REC'D MAY 9 1938

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

13458  
Do not use this space.  
1438

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399  
 (b) Township KAW Primary Registration District No. 1002 Registered No. 1438  
 (c) City Kansas City (d) Street No. 209 Brush Creek Blv 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 Hazel Blanche Derse 629

(a) Residence, No. 7144 OAK 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 He 4. COLOR OR RACE WW 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF GEORGE D. DERSE  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 2 - 1898  
 7. AGE YEARS 39 MONTHS 6 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE  
 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) FONDULAC WISCONSIN

FATHER 13. NAME C. R. KEYES

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

MOTHER 15. MAIDEN NAME JESSIE HUBBARD

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

17. INFORMANT GEORGE D. DERSE (ADDRESS) 7144 OAK

18. BURIAL, CREMATION, OR REMOVAL PLACE FONDULAC, WIS. DATE APRIL 4, 1938

19. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS (ADDRESS) BRUSH CREEK & PASEO

20. FILED Chr 4, 1938 M. M. Groves Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr - 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. 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:

Chronic aortitis  
Aortic valvulitis & regurgitation  
Hypertrophy of heart  
Pulmonary edema  
 Other contributory causes of importance: 920

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_, 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) H. B. White, M. D.  
 (Address) San Diego, K.C. Mo.

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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 George M. Collins  
Licensed Embalmer No. 3839

**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.)**