

REC'D MAY 9 1938

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

13533

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 100
(c) City Kansas City, Mo. (d) Street No. 5422 Lydia 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.

Registered No. 1513

2. PRINT FULL NAME

Mrs. Mary L. McJilton 243
(a) Residence, No. 5422 Lydia St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Albert M. McJilton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 7, 1866</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>2</u>	DAYS <u>28</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	13. NAME <u>J. B. Kimmel</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
	15. MAIDEN NAME <u>Sarah Atterberry</u>	
17. INFORMANT (ADDRESS) <u>Albert M. McJilton</u> <u>5422 Lydia</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Moriah Cem</u> DATE <u>Apr. 7, 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>R. V. Lindsey & Sons</u> <u>3811 Broadway</u>		
20. FILED <u>Apr 7 1938</u> <u>M. M. Browne</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 5, 1938¹⁹

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1937, to April 7, 1938.
I last saw him alive on April 4, 1938. Death is said to have occurred on the date stated above, at 6:30 A.M.
The principal cause of death and related causes of importance were as follows:
Cholecystitis Date of onset 4/24/37
Coronary Thrombosis 4/4/38
g402

Other contributory causes of importance:

Name of operation Not clinical Date of no
What test confirmed diagnosis? Not clinical 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 Chas. S. Kramer, M. D.
(Signed) _____ (Address) 500 Bryant Bldg

(Licensed Embalmer's Statement on Reverse Side)

WHITE PRINTED, 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.

I X12004

Dr. Clara J. Kuenen
500 Bayview Dr
(9 a.m. - 5 p.m.)

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.)