

REC'D JUN 9 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

17169  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township new Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. Ormond Hotel Registered No. 1866  
 (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

Mrs. Emily Jane Tegarden  
 (a) Residence, No. 1029 Lintwood (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1847  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min. 90 6 15  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
 9. Industry or business in which work was done, as saw mill, bank, etc. at home  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME unknown Evans

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

15. MAIDEN NAME Sarah J. Fisher

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

17. INFORMANT (NAME) Miss Dorothy C. Tegarden  
(ADDRESS) Ormond Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE Harest Hill DATE May 3, 1938

19. FUNERAL DIRECTOR (NAME) DeWencko & Sons  
(ADDRESS) Brushcreek & Passes

20. FILED May 3, 1938 M. M. Crowe  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1938

22. I HEREBY CERTIFY, that I attended deceased from July 17, 1919 to Apr 30, 1938  
 I last saw him alive on Apr 30, 1938 Death is said to have occurred on the date stated above, at 3:45 P.M.

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

Acute tuberculous Date of onset Apr 30, 1938  
bedema 8 hrs  
 97  
 Other contributory causes of importance:  
Atherosclerosis 1931  
Greenup 1936  
Heart Disease 1906

Name of operation Typhoid G Date of no  
 What test confirmed diagnosis Typhoid G 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 no  
 (Signed) Geo F. Samuel M. D.  
 (Address) 900 Wallis Bldg

STATEMENT BY LICENSED EMBALMER

12130 - 330  
V15172

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. ...., working under my personal supervision.

Signed

*Neil Carr*

Licensed Embalmer No.

3976

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.