

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

REC'D JUN 9 1938

17480
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 399
 (b) Township Kan Primary Registration District No. 1022
 (c) City Kansas City (d) Street No. McC Gen Hosp Registered No. 2177
 (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. 921 E 14th 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF [Signature]

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) no Record

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 54

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housekeeper
 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) no Record 9

FATHER 13. NAME no Record 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record 9

MOTHER 15. MAIDEN NAME no Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record

17. INFORMANT (ADDRESS) Record Clerk, K. C. Gen Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE 5/29/38

19. FUNERAL DIRECTOR (ADDRESS) Wright and Tobin Co. Kansas City, Mo

20. FILED May 27, 1938 M. M. Gorman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1938 to May 18, 1938
 I last saw her alive on May 18, 1938 Death is said to have occurred on the date stated above, at 6:25 PM
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

Hypertension

Name of operation Date of
 What test confirmed diagnosis? 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) A. J. De Maria M. D.
 (Address) McC Gen Hosp

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.

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.)