REC'D JUN 9 1938

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

2
1

17518
Do not use this space.

1. PLACE OF DEATH

(a) County: Jackson — Registration District No. 399
(b) Township: Kaw — Primary Registration District No. 1002 — Registered No. 2215
(c) City: Kansas City — (d) Street No. 3420 Locust 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 Lola B. Closson 425
(a) Residence, No. 3420 Locust 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chas. D. Closson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 17, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	70	10	12	

OCCUPATION
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.:
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): Michigan 1 1

FATHER
13. NAME: Lewis Pearl 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York 9

MOTHER
15. MAIDEN NAME: Mabel Ennis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT: Dayton Adams
(ADDRESS): 2101 East 57th St, Kansas Cy. Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~: Mt. Moriah Cem.
PLACE: Kansas City, Mo. DATE: May 31, 1938

19. FUNERAL DIRECTOR: Stine & McClure
(ADDRESS): Kansas City, Missouri

20. FILED: May 31, 1938 M. M. Crowe, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1938, to May 29, 1938.
I last saw h[illegible] alive on May 28, 1938. Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

Myocardial degeneration & Myocarditis — Date of onset: unknown

Other contributory causes of importance: Terminal broncho pneumonia — 2 weeks

Name of operation: — Date of:
What test confirmed diagnosis? X Ray & clinical findings — 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) Herbert Tuthill, M. D.
(Address) 1125 Rialto Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.

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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.....

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.)