

REC'D JUL 1 2 1938

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

20849
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kan Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 7 C Gen Hosp Registered No. 2299 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 Mc Gester Infant 226
 (a) Residence, No. 3418 Anderson St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-5-38
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 10 hrs. or 10 min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 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 0
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo
 FATHER
 13. NAME Bert McGester
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yukonau
 MOTHER
 15. MAIDEN NAME Velma Brown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas
 17. INFORMANT (ADDRESS) Reverend Clerk 7 C Gen. Hosp Kansas City Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 6-6 1938
 19. FUNERAL DIRECTOR (ADDRESS) P. B. Lapetina 538 Cambridge
 20. FILED 6-6 1938 M. M. Crowe, ass't Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-6 1938
 22. I HEREBY CERTIFY, That I attended deceased from 6-5 1938, to 6-6 1938.
 I last saw her alive on 6-6 1938. Death is said to have occurred on the date stated above, at 1:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Prematurity
 Date of onset 159
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....
 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) P. B. De Maria M. D.
 (Address) 7 C Gen Hosp Kansas City Mo

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.)