

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

20891
Do not use this space.

REC'D JUL 12 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
 (b) Township Flour Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. Sp. C. General Hospital Registered No. 2241
 (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

(a) Residence, No. 622 E. 15 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 Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Archer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25-89
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 48 | 5 | 13
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Home
 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) Mo.

FATHER 13. NAME Jasper Fuqua

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

MOTHER 15. MAIDEN NAME Emma Cut

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sh. Clair Co. Mo.

17. INFORMANT (ADDRESS) Nellie Chamberlin 3839 Chestnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm. Washington June 11, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cylda Funeral Home K.C. Mo.

20. FILED June 10, 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1938, 19.....
 I last saw him/her Deputy Coroner Death is said to have occurred on the date stated above, at 3254 m.
 The principal cause of death and related causes of importance were as follows:

Subdural Hematoma Date of onset
Broncho pneumonia
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide. Date of injury do not know, 19.....
 Where did injury occur? Home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall
 Nature of injury Contusion of Brain

24. Was disease or injury in any way related to occupation of deceased?
 (Signed) Russell W. Bess M. D.
 (Address) Law

WHILE FILING WITH UNRECORDED INFORMATION 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.

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.....

Licensed Embalmer No.....

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.