

REG. JUL 12 1938

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

21067

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Haw Primary Registration District No. 1002 Registered No. 2517
 (c) City Kansas City (d) Street No. 3712 Wabash 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

(a) Residence, No. 3712 Wabash 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George E. La Chapelle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4 - 1902

7. AGE YEARS 36 MONTHS 4 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 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) Kansas City (STATE OR COUNTRY) Mo.

FATHER 13. NAME Gay Paul Jeserich

14. BIRTHPLACE (CITY OR TOWN) Boonville (STATE OR COUNTRY) MO.

MOTHER 15. MAIDEN NAME Carrie Jeter

16. BIRTHPLACE (CITY OR TOWN) Logan County (STATE OR COUNTRY) Kentucky

17. INFORMANT Yes E. La Chapelle (ADDRESS) 3712 Wabash

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Wash - DATE June 25, 1938

19. FUNERAL DIRECTOR (NAME) N. W. Newkirk (ADDRESS) Brush Creek Pass

20. FILED June 23, 1938 M. M. Crow Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1938

22. I HEREBY CERTIFY That I attended deceased from Dec 30, 1917, to June 23, 1938.
 I last saw him alive on June 23, 1938. Death is said to have occurred on the date stated above, at 5:30 A.M.

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

Pulmonary tuberculosis Date of onset 23

Other contributory causes of importance:

Tuberculous enteritis

Name of operation none Date of _____
 What test confirmed diagnosis? Sputum 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? no
 If so, specify _____

(Signed) Jefferson, M. D.
 (Address) 408 Parrye Bldg
K. S. D. Mo.

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.

32-25

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.