

REC'D JUL 15 1938

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

22039

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Township Beaumont Primary Registration District No. 3019
(c) City Independence (d) Street No. Independence Boulevard Registered No. 184
(e) Length of residence in city or town where death occurred yr mos ds (f) How long in U. S., if of foreign birth? yr mos ds
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME

Mrs. Agnes Jausley 240
(a) Residence, No. El Dorado, Kansas (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Jausley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-13-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 2 17

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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oshkosh, Wis. / Kansas13. NAME Thomas Kerling14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record15. MAIDEN NAME Jane Grant16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record17. INFORMANT (ADDRESS) Paul Kerling18. BURIAL, CREMATION, OR REMOVAL PLACE El Dorado, Kansas DATE July 1, 193819. FUNERAL DIRECTOR (ADDRESS) George C. Carlson20. FILED 7-9-38 F. L. Cook Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1938, to June 30, 1938
I last saw him alive on June 29, 1938. Death is said to have occurred on the date stated above, at 10 P. m.

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

Cerebral Thrombosis

Date of onset

Other contributory causes of importance:

Senility

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 Yes(Signed) W. L. Cook, M. D.360 (Address) 10307 Independence

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.)