

REC'D AUG 8 1938

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

24389
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. 2894
 (c) City Kansas City (d) Street No. General Hospital #2 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. 1410 East 12th Street 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-13-1914
 7. AGE YEARS 23 MONTHS 7 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
 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. Waitress
 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) Ill.

13. NAME John Meed

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

15. MAIDEN NAME Anna Pallaid

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT Mr Eugene Rosta (ADDRESS) 1410 E 12 2 floor

18. BURIAL, CREMATION, OR REMOVAL PLACE Hugh Land DATE 7-19-38

19. FUNERAL DIRECTOR (ADDRESS) 1826 E 15th St - 15th mo

20. FILED July 18 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16-38 19____
 22. I HEREBY CERTIFY that I attended deceased from _____ to _____, 19____
 I last saw the deceased _____ Death is said to have occurred on the date stated above, at 2:20 A.M.
 The principal cause of death and related causes of importance were as follows:

Stab wound of left chest Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Homicide
 Accident, suicide, or homicide. Date of injury 7-16-38
 Where did injury occur? _____ (Specify city, town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Stabbed in chest during a tavern brawl
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 4
 If so, specify _____

(Signed) Walter B. Gutter M. D. (Address) Gen Hosp; K.C. 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.

1 X12604

STATEMENT BY LICENSED EMBALMER

I, AB Moore....., Licensed Embalmer No. 2410
hereby certify that the body recorded on the reverse side of this certificate was embalmed by AB Moore
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.
Signed AB Moore
15 NOV 45 AM
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.)