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.

X14028

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

REC'D AUG 8 1938

24449
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. 2954

(c) City Kansas City — (d) Street No. St. Joseph's Hospital 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 Mrs. Carolyn Norris 620

(a) Residence, No. 6230 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: No record

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 22, 1858

7. AGE: YEARS 80 — MONTHS 2 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.: At 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): Texas 1

FATHER
13. NAME: Unk Brown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record 9

MOTHER
15. MAIDEN NAME: No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): Nannie Dinsmore, 6023 Main St., Kansas City, Mo.

18. ~~BURIAL, CREMATION, OR REMOVAL~~ PLACE: Independence, Kans DATE: July 24, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Stine & McClure, Kansas City, Missouri

20. FILED July 23, 1938 M. M. Crowe, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to July 21, 1938
I last saw her alive on July 21, 1938. Death is said to have occurred on the date stated above, at P. m. 7:30
The principal cause of death and related causes of importance were as follows:

Fracture of Left Shoulder & Left hip Shock-Chronic Interstitial Nephritis-

Date of onset

Other contributory causes of importance: myocarditis, Chronic 186a

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? Acc Date of injury 6/1, 1938
Where did injury occur? 6230 Wabash (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Acc fall at home
Nature of injury: Fracture of Left Shoulder

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. F. Sewell, M. D.
(Address) 818 Rialto Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.