

DECO SEP 13 1938

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

27780  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Ross Primary Registration District No. 1002 Registered No. 3091  
(c) City Kansas City (d) Street No. Mersey Hospital St.  
(e) Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Buckner Mo 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) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-10-1938  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. 8

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buckner MoFATHER 13. NAME John Stapleton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KyMOTHER 15. MAIDEN NAME Mary Shutt16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Mo17. INFORMANT (ADDRESS) Hospital Board  
R. G. Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Buckner Mo DATE July 19 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) M. M. Browne  
Mo20. FILED July 13 1938 M. M. Browne  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1938

22. I HEREBY CERTIFY that I attended deceased from July 18 1938, to July 19 1938  
I last saw h. e. alive on July 19 1938. Death is said to have occurred on the date stated above, at 11 m.

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

gastrie Atresia  
(Pyloric)

Date of onset

Other contributory causes of importance:

Terminal broncho  
pneumonia

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes23. 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.....

(Signed) M. B. Soderberg M. D.(Address) 5017 Wyndhurst

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**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.**