

REC'D SEP 13 1938

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

27816

Do not use this space.

3127

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Ross Primary Registration District No. 1002 Registered No. 3127
 (c) City Kansas City Mo (d) Street No. P. C. Han. Hoop 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. Jessie McCarley St.
1010 W. Grandette
 (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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clifford W. Carley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 - 1903
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 7 8 days
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Waitress
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-4-38 19
 22. I HEREBY CERTIFY That I attended deceased from 10:05 a.m., 19...
 I last saw Deceased alive on 10:05 a.m. Death is said to have occurred on the date stated above, at 10:05 a.m.
 The principal cause of death and related causes of importance were as follows:

Sub-araxian abscess
Acute generalized peritonitis
 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:
 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 Not related M. D.
 (Signed) John H. Hutton
 (Address) San Diego, K.C. Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
 13. NAME Joseph D. Critcher
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kat Springs Ark.
 15. MAIDEN NAME Minnie Miller
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.
 17. INFORMANT (ADDRESS) Peter B. Zapetina
538 Campbell St. N.C. Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Newark Mo. DATE 8/6 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Peter B. Zapetina
538 Campbell St. N.C. Mo.
 20. FILED Aug 5 38 M. M. Brown
Local Registrar.

1-11-13
M. M. O.
Rec'd closed
2-22-24 (5)

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.