

REC'D SEP 13 1938

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

27843
Do not use this space.

1. PLACE OF DEATH

(a) County *Jackson*
(b) Township *Law*
(c) City *K.C. MO*

Registration District No. *399*
Primary Registration District No. *1002*
(d) Street No. *K.C. Ave Hosp* Registered No. *3154*
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Carmetta Huber
(a) Residence, No. *1015 Jefferson* 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 *F*
4. COLOR OR RACE *W*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Daniel Huber*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 29, 1919*
7. AGE YEARS *18* MONTHS *8* DAYS *7* (If less than 1 day, hrs. or min.)
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *MO*
13. NAME *E. J. Pattemer*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *MO*
15. MAIDEN NAME *unknown*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT (ADDRESS) *Record Clerk, K.C. Ave Hosp*
18. SIGNATURE, NAME, OR REMOVAL *Worth MO* DATE *8-5-38*
19. FUNERAL DIRECTOR (ADDRESS) *John B. Fogelberg, 536 Campbell St*
20. FILED *Aug 8, 1938 M. M. Brown* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-6-38*, 19
22. I HEREBY CERTIFY, That I attended deceased from *7-29-38* to *8-6-38*, 19...
I last saw her alive on *8-6-38*, 19... Death is said to have occurred on the date stated above, at *10:30 pm*.
The principal cause of death and related causes of importance were as follows:
Intestinal obstruction Date of onset
Post operative ileus
herny
Other contributory causes of importance:
Generalized Peritonitis
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? *1*
If so, specify.....
(Signed) *P. F. De Maria* M. D.
(Address) *Dept K.C. Ave Hosp*
K.C. MO

12-11-12

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Jackson Registration District No.
(b) Township Primary Registration District No. Registered No. 3154
(c) City K.C. Mo (d) Street No. 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. Carmetta Hacker 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 8 7

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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 9/8 1938 M. H. Grome Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1938

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Intestinal obstruction
12262
Post operative ileus
due to intestinal obstruction due
to adhesions
Other contributory causes of importance:
Peritonitis

Name of operation Ileostomy Date of 8-3-38

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

(Signed) P. J. De Maria M. D.

(Address) Gen Post K.C. Mo

SUPPLEMENTARY

1938

S-27843