

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

27867  
Do not use this space.

3178

REC'D SEP 13 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township St. Louis Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. Lakeside Road 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. Mary Alice De Graun 260  
 (a) Residence, No. 260 St. Ridgeway Mo  
 (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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) HUSBAND OF (OR) WIFE OF Jno C De Graun  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt 33  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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  
 FATHER 13. NAME Ernest Adkins  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La  
 MOTHER 15. MAIDEN NAME Etta Stewart  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 17. INFORMANT (ADDRESS) Jno C De Graun Ridgeway Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Ridgeway Mo 8/10/38  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. F. Grayson 2315 Euclid Blvd  
 20. FILED Aug 10 38 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/10/38 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 2nd 1938 to Aug 10th 1938  
 I last saw her alive on Aug 10th 1938 Death is said to have occurred on the date stated above, at 1:15 P m.  
 The principal cause of death and related causes of importance were as follows:

Acute cholelithiasis 8/5/38  
et Suerger's Shock 8/4/38  
from fear.

Other contributory causes of importance:  
Laprotomy for 8/3/38  
infected peritonitis  
et infected sinus

Name of operation Wound repair Date of 8/3/38  
 What test confirmed diagnosis? all in Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ✓ Date of injury ✓, 1938  
 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? no  
 If so, specify no  
 (Signed) Dr. C. T. Linnville M.D.  
 (Address) 612 Chambers Bldg

Dr. A. E. Linnell  
612 Chamberlain Bldg

W. A. S. O. 1904

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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.**