CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D OCT 15 1938

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

31154
Do not use this space.

1. PLACE OF DEATH
(a) County: Jackson
(b) Township: K C
(c) City: K C City
Registration District No.: 399
Primary Registration District No.: 1002
Registered No.: 3451
(d) Street No.: Lake Side 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: Marie Francis Doctaert
(a) Residence, No.: 57 Bennington 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: F
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Maurice Doctaert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 16th 1911

7. AGE: Years 27 | Months 7 | Days 15 | If LESS than 1 day, ....hrs. or ....min.

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): Pueblo Kans

FATHER
13. NAME: Martin L. Siler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

MOTHER
15. MAIDEN NAME: Francis Rieke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

17. INFORMANT (ADDRESS): Maurice Doctaert 5700 Bennington K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Mary Cem. DATE: Sept 2, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): John A. Murren 1415 E 15th

20. FILED: Sept 1, 1938 M. M. Browne
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1938, to Aug 31, 1938
I last saw her alive on August 31, 1938. Death is said to have occurred on the date stated above, at 9:35 a.m.
The principal cause of death and related causes of importance were as follows:

Adynamic Ileus — Date of onset: Aug 31-38
1490

Other contributory causes of importance:
Podalic Version

Name of operation: Podalic Version Date of: Aug 29-38
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? No
If so, specify
(Signed) R. A. Murren M.D.
(Address) 2740 Park Ave

(Licensed Embalmer's Statement on Reverse Side)

Lin 4993

## 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 con with the above constitutes grounds for revocation of license.)**

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