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.

DEC OCT 15 1938

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

31428
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson — Registration District No. 399

(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 3725

(c) City Kansas City — (d) Street No. 30 East 55th 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 Antoinette Wells Ernst

(a) Residence, No. 30 East 55th 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alvin L. Ernst

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 30, 1867

7. AGE: YEARS 71 — MONTHS 0 — DAYS 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.: At home
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): Constantine Michigan

FATHER
13. NAME: Franklin Wells
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER
15. MAIDEN NAME: Helen Marr Briggs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT (ADDRESS): Alvin L. Ernst, 30 East 55th St., Kansas Cy., Mo.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Forest Hill Cem.
PLACE Kansas City, Mo. DATE Sept. 27 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Stine & McClure, Kansas City, Missouri

20. FILED Sept 25 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 23 1938

22. I HEREBY CERTIFY, That I attended deceased from January 1936, to Sept 23, 1938
I last saw her alive on Sept 23, 1938. Death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Carcinosis	1936
Cerebral Metastasis	1938

Other contributory causes of importance:

Uterine Carcinoma (Primary Uterus)	1935

Name of operation Radium Date of 1936
What test confirmed diagnosis? Lab 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 ....., 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) D. Albert Lieberman M. D.
(Address) 1002 Professional Bldg

(Licensed Embalmer's Statement on Reverse Side)

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 comp with the above constitutes grounds for revocation of license.)

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