

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

**34520**  
Do not use this space.

NOV 21 1938

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399  
 (b) Township Raw Primary Registration District No. 1002  
 (c) City Kansas City, Mo. (d) Street No. 1517 Winchester 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.

Registered No. **3856**

**2. PRINT FULL NAME**

534 Louisa A. Conklin,  
 (a) Residence, No. 1517 Winchester, 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) WIDOW  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. W. Conklin  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5th, 1855  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 6 29  
 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. Housewife  
 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) October 4th, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1938, to Oct 3, 1938  
 I last saw him alive on Oct 3, 1938 Death is said to have occurred on the date stated above, at 1:50 A.M.  
 The principal cause of death and related causes of importance were as follows:

Bone Marrow Date of onset  
110  
 Other contributory causes of importance:  
Influenza

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
 FATHER 13. NAME Nathaniel Reynolds  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 MOTHER 15. MAIDEN NAME Alpha Edwards  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
 17. INFORMANT Harry Conklin,  
 (ADDRESS) 1517 Winchester, K. C. Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Oct. 6th, 1938  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C. L. Forster  
918 Brooklyn Avenue, K.C. Mo.  
 20. FILED Oct 4 1938 M. M. Brown  
 Local Registrar.

Name of operation..... Date of.....  
 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) M. M. Brown, M. D.  
 (Address) 907 6th

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr. A. E. Boone,  
6th, Minn.

1009 N. 6th  
2. To 5

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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.**