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

REC'D NOV 21 1938

34553
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 395
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 3889
(c) City Kansas City — (d) Street No. 3516 Summit 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 200 Katherine Hall Dickey
(a) Residence, No. 5011 Walnut Street 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): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 30, 1891

7. AGE: YEARS 46 — MONTHS 11 — DAYS 5 — 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) Kansas City Missouri 0

FATHER
13. NAME C. Lester Hall 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER
15. MAIDEN NAME Katherine Sappington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) C Lester Hall Jr. 4314 Warwick Blvd

18. BURIAL, CREMATION, OR REMOVAL Forest Hill Pantheon
PLACE Forest Hill DATE 10/7 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine-McClure Kansas City Mo

20. FILED Oct 6, 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1938, to Oct. 4, 1938
I last saw her alive on Oct 4, 1938. Death is said to have occurred on the date stated above, at A. m. 3:50
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Oct. 2

10 Ad

Other contributory causes of importance:

Korsakoff's psychosis
Korsakoff

Name of operation Dr. Date of
What test confirmed diagnosis? Lab. [illegible] 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) B. [illegible], M. D.
(Address) 1636 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.