

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.

REC'D NOV 21 1938

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

34658  
 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. 3994  
 (c) City Kansas City, Mo (d) Street No. 800 East 44th Street St. 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

623 Mrs. Narcissa Anna Birkett  
 (a) Residence, No. 800 East 44th Street St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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 Edward E. Birkett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>75</u>	<u>8</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

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) Holton (STATE OR COUNTRY) Kansas

13. NAME George Smith

14. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) 1

15. MAIDEN NAME Surrilda Shelton

16. BIRTHPLACE (CITY OR TOWN) Lexington (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Bessie V. Birkett (ADDRESS) 800 East 44th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Holton, Kansas DATE Oct. 13, 1938

19. FUNERAL DIRECTOR (NAME) R. V. Lindsey & Son (ADDRESS) 3811 Broadway

20. FILED Oct 13, 1938 Dr. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1937, to Oct 11, 1938  
 I last saw her..... alive on Oct 11, 1938. Death is said to have occurred on the date stated above, at 9:30 AM  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 9/29-38

Other contributory causes of importance:

Hypertension  
Chronic Nephritis

10 years ago

Name of operation..... Date of.....  
 What test confirmed diagnosis? Aspiration 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) J. W. Bravahog, M. D.  
 (Address) 3605 1/2 Broadway, N.C. Mo.

STATE OF TEXAS  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

Dr. Emanuel  
3605 1/2 Artesian  
2705

**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.**