

NOV 21 1938

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

34702
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kear Primary Registration District No. 4038
(c) City Kansas City (d) Street No. Strong Street Registered No. 4038
(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

(a) Residence, No. 2168 Lola S. Beard St. (If nonresident, give city or town and State)
Harris Kansas (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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Beard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1913
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 25 6 14

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. House wife
10. Date deceased last worked at this occupation (month and year) Sept 1938
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concord Grove Kansas

FATHER 13. NAME Henry Wharton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

MOTHER 15. MAIDEN NAME Mary Kieffer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Kansas

17. INFORMANT (ADDRESS) John Beard Harris Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Samuelson DATE 10-14-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. C. Johnson

20. FILED Oct 17, 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-15-38

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1938, to Oct 15, 1938
I last saw her alive on 10-11-38. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

Cystadenoma of Ovary - not malignant
Date of onset 2 yrs

Other contributory causes of importance: Myxoedema (Thyroid) 3 yrs

Name of operation Cysto-hysterectomy Date of 10-8-38
Who test confirmed diagnosis? operator 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 factory, 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) Chas Nelson M. D.
(Address) 3626 Judyp ave

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.

NOV 8 1955

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.