

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

34942  
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. 1931 Park 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. moa. ds.

2. PRINT FULL NAME Infant Jones, Myra  
(a) Residence, No. 1931 Park St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11 1938  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
X X X  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child  
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) Kansas City  
(STATE OR COUNTRY) Missouri  
13. NAME Drayton Myra  
14. BIRTHPLACE (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)  
15. MAIDEN NAME Louis Jones  
16. BIRTHPLACE (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)  
17. INFORMANT W Helen Jones  
(ADDRESS) 1931 Park  
18. BURIAL, CREMATION, OR REMOVAL PLACE Kids DATE 10/14/38  
19. FUNERAL DIRECTOR J. B. Moore  
(ADDRESS) 1820 E-18th  
20. FILED 10/12 1938 M. M. Cross  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-11-38  
22. I HEREBY CERTIFY, That I attended deceased from Oct. 11 - 1938 to Oct. 11 - 1938  
I last saw him alive on still born Death is said to have occurred on the date stated above, at 12:30 10-11-38  
The principal cause of death and related causes of importance were as follows:  
Stillborn Date of onset \_\_\_\_\_  
Other contributory causes of importance:  
Syphilis  
Name of operation none 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? no 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) W. A. H. H. H.  
(Address) 2200 E 18th

STATEMENT BY LICENSED EMBALMER

I, H. B. Moore, Licensed Embalmer No. 2410

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me.

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed H. B. Moore

Licensed Embalmer No. 2410

**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.)**