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

REC'D DEC 14 1938

38078
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson | Registration District No.
(b) Township Kan | Primary Registration District No. | Registered No. 4312
(c) City K. C. Mo (d) Street No. Mercy Children's Hospital 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 Carol Quist
(a) Residence, No. 733 Highland, K.C. Mo. 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): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 5 - 1938

7. AGE: YEARS 00 | MONTHS 7 | DAYS 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infante
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) (STATE OR COUNTRY) Grafton No. Dak.

FATHER
13. NAME Fred Murphey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No. Dak

MOTHER
15. MAIDEN NAME Ruth M. Quist
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No. Dak

17. INFORMANT Ruth M. Quist
(ADDRESS) 733 Highland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grafton No. Dak. DATE Nov. 4, 1938

19. FUNERAL DIRECTOR (NAME) A. P. Doshler
(ADDRESS) 1415 East 15

20. FILED Nov. 4, 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1938, to Nov. 1, 1938
I last saw her alive on Nov. 1, 1938. Death is said to have occurred on the date stated above, at 7 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Bronchopneumonia	
c̄ purulent pleurisy.	
Tuberculosis pneumatosis	10 yrs

Other contributory causes of importance:
Otitis media 10 yr

Name of operation ..... Date of ..... Yes
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) N. B. Sodenberg M. D.
(Address) 5017 Wyandotte

(Licensed Embalmer's Statement on Reverse Side)

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.

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.